INTEGRATED SAFETY RESPONSE | New Zealand Government

12 week review of cases referred to the family violence Integrated Safety Response (ISR)

REVIEW OF 129 CASES ACTIVE WITH ISR FROM MAY TO AUGUST 2018

ACKNOWLEDGMENTS

This report was written by Josephine Ryan and Michelle Block from the Integrated Safety Response National team.

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Judy Paulin from Artemis Research provided analysis of interviews conducted by Mossman and Associates. These are presented as case studies in Chapter 8 of this report.

We are particularly grateful to the seven family members who shared their experiences with us. Your real life stories will help others to understand the various challenges faced by those affected by family violence.

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ISR TERMINOLOGY

ROLE

Many of the people in the cases are described by the role they played in the first or most recent episode recorded in the Family Safety System at the start of the review period. These roles are perpetrator, victim, witness or subject. Please note that over the 12 week period the role type sometimes changed in different episodes, e.g., (the perpetrator became a victim in a subsequent episode).

Perpetrator – the most significant or principal aggressor in a relationship and person who has a pattern of using violence (not necessarily physical) to exercise coercive control in the abuse history of the relationship. This is the person who, taking into account context and circumstances, is most likely to cause harm once officers have left the scene. This person may have been the aggressor in an offence related episode or an incident where no offence was identified (e.g., a verbal dispute).

Victim – Any person who has experienced abuse of any form in the currently investigated episode. They may also be the person, in the abuse history of the relationship, who is experiencing coercive and controlling behaviours from a family member or intimate partner. As with the perpetrator, the victim may have been involved in any type of family harm episode, offence related or an incident where no offence was identified (e.g., verbal dispute).

Witness – A person who has witnessed a family harm episode, which can be an adult or child, a family member or member of the public.

Subject[1] – This includes children and young people aged under 18 years who normally reside with the participants in the episode but weren't present at the latest episode. If a child or young person was present where an offence had occurred, but they had not witnessed the offence or could not act as a witness i.e. an infant, they may also be recorded as a subject.

Prison Release – ISR also acts on referrals from Corrections about prisoners being released who are identified as having a high risk of perpetrating family violence, this amounts to about 2% of total referrals.

Children and young people – Used in this report to describe anyone aged under 18 years who is associated with a family safety plan regardless of their role in the episode.

Adult – Used in this report to describe anyone aged 18 years or older

RISK ALLOCATION

Family safety plans are categorised as either low, medium or high risk by collective agreement using an evidence-based risk assessment framework to ensure they are thorough and consistent.

Low Risk – family harm is unlikely to reoccur and there is minimal or no potential for physical, emotional or psychological trauma.

Medium Risk – family harm is likely to reoccur, but not imminently and there is potential for moderate physical injury, emotional or psychological trauma.

High Risk – family harm is about to reoccur imminently or is highly likely to reoccur and there is potential for serious physical injury, emotional or psychological trauma, or death.

SAM

Safety Assessment Meeting – daily triage of all new episodes of family harm (some may relate to existing family safety plans) and imminent high risk family harm prison releases. Also referred to as the SAM table.

[1] The role called "subject" ceased to be used after the introduction of 5F technology in June 2018 and was replaced by the term 'child or young person exposed to family harm'.

ICM

Intensive Case Management - meetings are held one day per week to discuss new and existing high risk family plans or. Also referred to as the ICM table.

SPECIALIST CASE WORKER ROLES – IVS/POS/WSW/LRR

These are specialist family violence practitioners employed by non-government partner agencies and contracted to ISR:

IVS – Independent Victim Specialist
POS – Perpetrator Outreach Support
WSW – Whānau Support Worker
LRR – Low Risk Response (NGO partner agencies e.g., Lifeline and Battered Women's Trust)

FAMILY

The term family is used to describe family members of any ethnicity associated with an episode or family safety plan.

FAMILY HARM

A term intended to encapsulate a broader, more holistic view of the issues occurring within families and their ensuing detrimental effects. Family harm is the damage caused by adverse circumstances, vulnerabilities and/or negative behaviours that often lead to long-term negative consequences. Family violence is a component or subset of family harm.

FAMILY SAFETY PLANS/ PLANS

A Family Safety Plan is created for each family and is subsequently developed by participating agencies in conjunction with the victim, perpetrator and other family and whānau.

FAMILY SAFETY SYSTEM (FSS)

The Family Safety System is an electronic case management system which records details of family harm episodes and associated family safety plans. It provides ISR staff with a central place to share case notes and to allocate and monitor progress of tasks, support services, interventions and onward-referrals. The system is currently being enhanced to enable it to capture pre and post support client assessments.

REPORT OF CONCERN (ROC)

A Report of Concern is a submission made to Ministry for Children Oranga Tamariki when there are concerns that a child or young person has been, or is likely to be, harmed (whether physically, emotionally or sexually), ill-treated, abused, neglected or deprived.

ED/GP ALERT

This is a "flag" used by the Ministry of Health to alert emergency department staff, general practitioners and medical centre staff that a person has experienced family harm.

AoD

Alcohol and Other Drugs - may be referenced in this report in relation to addiction or frequent consumption and misuse.

PSO

A Police Safety Order may be issued to the principal aggressor at a family harm episode where an arrest is not deemed necessary or possible, but where there are concerns for the safety of the victim.
These can be issued for a period of one to five days and require the recipient to refrain from returning to the location of the episode or having contact with those present, for the period of issue.

PROTECTION ORDER / PROPERTY ORDER / PARENTING ORDER

A person experiencing family harm can apply for a Protection Order through the Family Court. A Property Order can be applied for at the same time, to grant possession of the house and/or furniture. If there are children involved, a Parenting Order will formalise the care arrangements for the children and may include full custody or shared care and may include the requirement for supervised visits if one parent is deemed unsafe to care for the children alone. The person named as the principal aggressor is called a "respondent" of a protection order. If this person does not abide by the conditions of the order it is called a "breach" and will have legal consequences. Protection Orders can also be issued by a District Court judge in relation to family violence related offences or breaches of a PSO.

RIC / ROB

These are Corrections or Ministry of Justice terms describing what happens post-arrest. If a person is RIC (Remanded in Custody) they will remain in prison pending court hearing. If a person is ROB (Remanded on Bail) they will be released in the community with bail conditions, such as not to consume alcohol or drugs or not to associate with a victim.

WINZ

Work and Income are sometimes referred to as WINZ in the cases notes. Work and Income provides employment services and income support throughout New Zealand. They offer a single point of contact for New Zealanders needing work-search support, income support and in-work support. They also assess people's need for social housing.

NGO

Non-Government Organisations that collaborate with ISR.

ORANGA TAMARIKI OR OT

Oranga Tamariki –Ministry for Children is a new Ministry dedicated to supporting any child in New Zealand whose wellbeing is at significant risk of harm now, or in the future. They also work with young people who may have offended, or are likely to offend.

CYRAS

This is the client management system used by Oranga Tamariki –Ministry for Children.

FLEXI-FUND

Funding provided by Ministry of Social development is available at the Christchurch site for direct purchasing of specific services and for piloting innovative services such as tamariki specialists and the 0800 HEYBRO, a new 24/7 violence prevention helpline for men. It is also used to provide perpetrator support in Police cells and to cover relocation expenses.

EPISODE

Used throughout this report to refer to a notification of a family harm episode that was attended by Police.

1 OVERVIEW

ISR is a multi-agency pilot that focuses on the joined-up support and services that families, including victims and perpetrators, receive following family violence reported to NZ Police and high risk prison releases in Christchurch and Waikato. It tests a new approach to making sure families experiencing violence get the help they need from family violence services.

People ask "what does ISR do?" and "how does ISR make a difference?" Throughout this report we will attempt to answer these questions by exploring:

- Complex issues facing families referred
- Representation of certain groups such as benefit recipients, renters, gang affiliates, ethnic groups and younger people
- Engagement rates for perpetrators, victims and children
- How information sharing and multi-agency collaboration helps ISR to respond better
- The support provided by government agencies and partners to address the immediate and longer term safety of families experiencing harm
- Reported family harm incidents in the 12 week period
- Descriptions of ISR processes illustrated with case studies
- Safety outcomes at the end of the 12 weeks

It is only by knowing this detail - the families and whānau and their needs - that planning can occur for further targeted services and 'what's next' to improve the overall family harm landscape. This report is one of six inter-related evaluation components of the Phase II Evaluation of the ISR pilot.

ETHICS APPROVAL

Approval for this research to proceed was provided by the Ministry of Social Development's Ethics Assessment Panel.

INFORMATION SHARING

Information sharing agreements exist between the various government and non-government agencies involved with the ISR pilot to allow for sharing and data capture of relevant information and for this to be used for research purposes.

2 KEY FINDINGS

- There is plenty of evidence of good collaboration between participating agencies including non-government organisations and government departments. Information sharing has enabled greater identification of risk and protective factors and previous or current engagement with agencies.
- Families in ISR face multiple challenges including mental health and addiction issues, unemployment, housing inadequacies and gang associations. These sorts of issues were more prevalent in Waikato than in Christchurch. Many families had a long history of family violence spanning generations.
- The level of physical harm experienced at some episodes was very serious and included strangulation, abduction, physical assaults, use of weapons including firearms and motor vehicles, forced consumption of drugs and sexual violence. Children were present at 53% of episodes.
- Funding of specialist case workers (IVS/POS/WSW/LRR) has enabled ISR to procure a skilled and capable workforce with the flexibility to manage workloads within a collaborative agency environment. ISR's innovative and persistent case workers have enabled positive engagement with hard to reach families.
- More than 73% of victims accessed at least one support service which included things like safety alarms, safe housing, counselling, legal support, parenting programmes, safety programmes, alcohol and drug programmes, and mental and physical health support including pregnancy.
- At least 50% percent of the perpetrators received support including stopping violence programmes, mental health services, alcohol and drug counselling and support with sentence compliance.
- Of special note, key results from high risk families referred to ISR Intensive Case Management (these are cases with serious risk of harm, high levels of violence, gangs, repeated levels of violence, etc.) show that:
    - 68% of cases had no further reported family harm episodes
    - Nine out of eleven (82%) of perpetrators managed under ICM did not have a further family harm episode with the majority of these perpetrators still living in the community and not incarcerated.
- The risk status of plans was reviewed throughout the period and one-third of the 42 high risk plans were de-escalated to medium risk over the 12 week period.
- Sixty percent of the plans reviewed involved children and young people who permanently resided with the victim and/or perpetrator. Twenty percent of family harm episodes were between parents and children, including adult children. Sixty-seven percent of family plans featured children known to Oranga Tamariki or its predecessor Child, Youth and Family.[2]
- Of the ten impending prison releases, four re-offended. A further two were involved in minor family harm incidents and in both cases the victims alerted Police before the situation escalated. Three did not have any episodes during the review period while one remained in prison.
- Families in Waikato Rural areas were less likely to receive support services due to geographical isolation and the limited availability of services.
- There were differences in the uptake of some support services for Māori compared with non-Māori. Service categories where there was less uptake by Māori included case worker support, mental health (non AoD) support, counselling, safehousing and provision of safety alarms and locks.

[2] The results in this report are based on family safety plans reviewed which have oversampled high risk cases. Whilst they are indicative of the types of families ISR focuses their efforts on, they are not necessarily representative of all cases referred to ISR.

3 DESCRIPTION OF THE ISR CASE REVIEW SAMPLE

3.1 Sample selection process

The cases reviewed in this report represent all cases considered at the Intensive Case Management (ICM) and Safety Assessment Meetings (SAM) held in Waikato on 2 and 3 May 2018 and in Christchurch on the 9 and 10 May 2018[3]. Cases from the SAM table are based on all new reports of family harm from the previous day and provide a picture of the typical referrals to ISR (the majority being low or medium risk), while the ICM cases captured the more intense work carried out with high risk cases. The findings of this report are sourced from the researchers' observations at the tables and from structured information and case notes recorded in the Family Safety System. Further information was obtained from the ISR sites.

A mix of new and current cases were included in the sample. SAM tables generally discuss new episodes for those people who are already known to ISR either through a current or closed plan and for people who are new to ISR. ICM tables discuss and review safety planning for new and existing high risk plans. Ten of the cases reviewed involved the impending release of a high risk prisoner with a history of serious family harm perpetration.

Table 1: Volume of plans reviewed by risk tier at start of review period by table type

Table	High Risk	Medium Risk	Low Risk	Total
ICM	34	14[4]	0	48
SAM	8	49	24	81
Total	42	63	24	129

Table 2: Volume of plans reviewed by table type

Table	Waikato City	Waikato Rural	Christchurch	Total
ICM	25	10	13	48
SAM	31	19	31	81
Total	56	29	44	129

[3] Prior to the SAM and ICM tables, lists are prepared of the cases to be reviewed. We included all cases on the list in our sample even though some were not actually able to be reviewed the day we observed due to time constraints.

[4] Some high risk cases were de-escalated to medium risk but continued to be managed through the Intensive Case Management (ICM) process.

FOCUS ON MEDIUM AND HIGH RISK PLANS

In terms of age, ethnicity and location, the 129 cases reviewed are largely representative of all high and medium risk plans active in ISR in July 2018. The review exercise deliberately over-sampled high risk cases through the inclusion of the ICM tables, in order to better represent the time spent by agencies and non-government organisations who work with ISR clients (i.e. to capture what actually happens as a result of ISR).

Across both sites in July 2018, on average, high risk plans contained 18 tasks, medium risk plans had 6 tasks and low-risk plans one or two tasks. These tasks are mainly assigned at the initial SAM and ICM table and subsequent review tables. Plans for more complex cases can contain as many as 92 tasks.

As Table 3 shows, high and medium risk plans typically have more tasks assigned and more agencies assigned to work with them. Higher risk plans also tend to stay open for longer.

Table 3: Average task allocation, agencies involved and days in service by risk status for ISR since inception

Current Risk Status		Average number of tasks allocated	Average number of organisations tasked	Average number of days in service
High Risk Plans	N = 370	17.9	7	207
Medium Risk Plans	N = 5,072	6.2	4	236
Low Risk Plans	N = 2,895	1.6	1	176
Total	N = 8,337	5.1	3	214

Source: Family Safety System, July 13 2018 (morning), ISR National Team

Table 4 below shows the risk profile of the 129 plans in the case review sample. Due to oversampling of the ICM high risk cases, the case review sample has proportionately more high risk cases and fewer low risk cases compared to all plans that were managed by ISR in July 2018 (see Table 5).

Table 4: Risk profile of 129 cases at start of review period by location

Table		High Risk	Medium Risk	Low Risk
Waikato City	N = 56	34%	52%	14%
Waikato Rural	N = 29	24%	66%	10%
Christchurch City	N = 44	36%	34%	30%
Total	N = 129	33%	49%	19%

Table 5: Risk profile of all active cases in ISR in July 2018 by location

Table		High Risk	Medium Risk	Low Risk
Waikato City	N = 3,035	3%	55%	42%
Waikato Rural	N = 2,075	3%	57%	41%
Christchurch City	N = 3,266	7%	68%	25%
Total	N = 8,376	4%	60%	35%

Source: Family Safety System, July 13 2018 (afternoon), ISR National Team

AVERAGE AGE OF PEOPLE IN CASE REVIEW SAMPLE COMPARED TO ALL ACTIVE CASES

Tables 6 and 7 show that overall the average age of victims and perpetrators in the sample is similar to that in the active ISR population. Waikato rural low risk and Christchurch medium risk perpetrators and victims in the sample are older than those in the total ISR population while Waikato City low risk perpetrators and victims are younger than the ISR population.

Table 6: Average age in years of victims and perpetrators reviewed by risk and location

Table		All Risk Tiers	High Risk	Medium Risk	Low Risk
Waikato City	N = 113	31	33	31	25
Waikato Rural	N = 58	35	35	35	33
Christchurch City	N = 90	32	31	34	32
Total	N = 261	32	33	33	30

Table 7: Average age of all victims and perpetrators in ISR in July 2018 by risk and location

Table		All Risk Tiers	High Risk	Medium Risk	Low Risk
Waikato City	N = 2,027	33	31	33	34
Waikato Rural	N = 1,378	29	33	33	21
Christchurch City	N = 2,714	31	31	29	35
Total	N = 6,119	31	31	31	31

Source: Family Safety System, July 13 2018, ISR National Team

ETHNICITY OF PEOPLE IN CASE REVIEW SAMPLE COMPARED TO ALL OF ISR

The Family Safety System only allows for single entry of ethnicity using the categories of Māori, European, Pacific, African, Asian and other/unknown. Over 90% of people in the case review are described as being either European or Māori. Given the demographic profiles of the areas it is not surprising that people identified as being of Māori descent make up 62% of people in cases reviewed from the Waikato region but only 23% of those managed by the Christchurch site, where 64% are European and 9% are of other ethnicity.

This is similar to those proportions represented in Table 9, although we have proportionately more Māori and fewer European represented in Waikato Rural in the case review sample than we would normally expect to see. In Christchurch the sample includes a slightly lower proportion of Māori and a higher proportion of European than the total ISR population.

Table 8: Ethnicity of adult victims and perpetrators in the 129 cases reviewed by location

Table		Māori	European	Other
Waikato City	N = 106	59%	32%	9%
Waikato Rural	N = 50	66%	30%	4%
Christchurch City	N = 81	23%	64%	13%
Total	N=237	49%	43%	8%

Table 9: Ethnicity of high or medium[5] risk adult perpetrators and victims in ISR in July 2018 by location

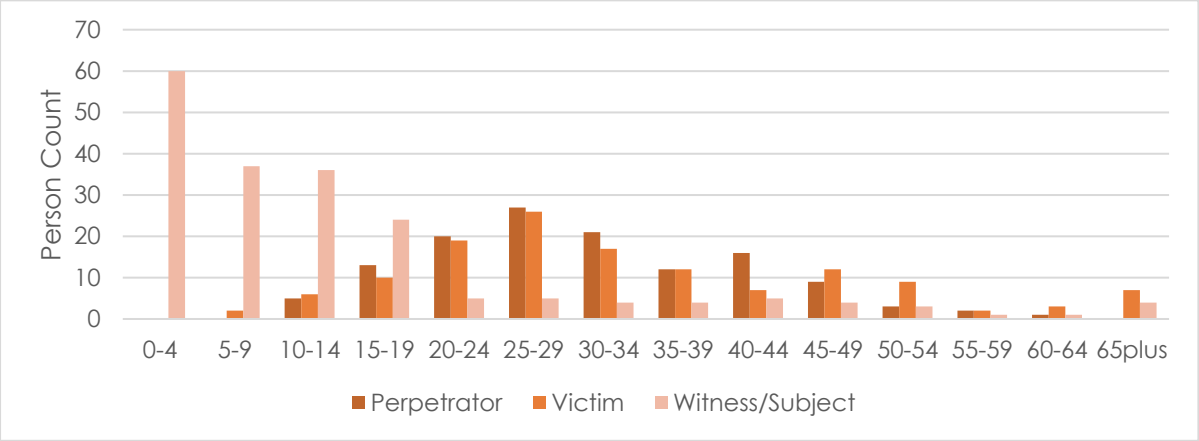
Table		Māori	European	Other
Waikato City	N = 1,752	60%	31%	9%
Waikato Rural	N = 1,229	56%	38%	6%
Christchurch City	N = 2,449	28%	55%	17%
Total	N=2,409	44%	43%	13%

Source: Family Safety System, July 13 2018, ISR National Team

3.2 Additional information about the case review sample

Nearly 57% of victims and 60% of perpetrators in the sample were aged between 20 and 39 years of age. Less than 10% percent of perpetrators and victims were aged under 18 years.

Figure 1: Age distribution of perpetrators, victims and witnesses/subjects in case review study



CHILDREN AND YOUNG PEOPLE EXPOSED TO FAMILY HARM

As Figure 1 shows, perpetrators and victims are mainly adults, while witnesses and subjects are predominantly children. Nearly 80% of witnesses and subjects in the 12 week case review were children aged 0 to 17 years. For the remainder of this report, people under the age of 18 will be referred to as children and young people rather than perpetrators, victims, witnesses or subjects.

[5] Low risk people make up around 50% of the ISR active population but only 19% of the case review sample. Therefore, we have removed low risk people in order to provide a better comparison of ethnicity across the two groups.

FAMILY SAFETY PLANS INVOLVING CHILDREN AND YOUNG PEOPLE EXPOSED TO FAMILY HARM

Over sixty percent of the 129 family safety plans reviewed involved children and young people who permanently resided with the victim or perpetrator and/or unborn children.

Non-resident children make up nearly sixteen percent of the plans reviewed. Non-resident children include those who are now in the care of Oranga Tamariki and those who reside with other family members such as the grandparents, or with a biological parent who is not part of the Family Safety Plan. In these situations the perpetrators or victims may have either no access, limited access or supervised access to their children.

At least fourteen plans involved a woman who was pregnant during the 12 week review period. Plans managed by ISR staff in Waikato City were more likely to involve children (70%), while around 60% of the plans managed in Waikato Rural or Christchurch involved children.

Table 10: Plans that involved children under 18 years by location

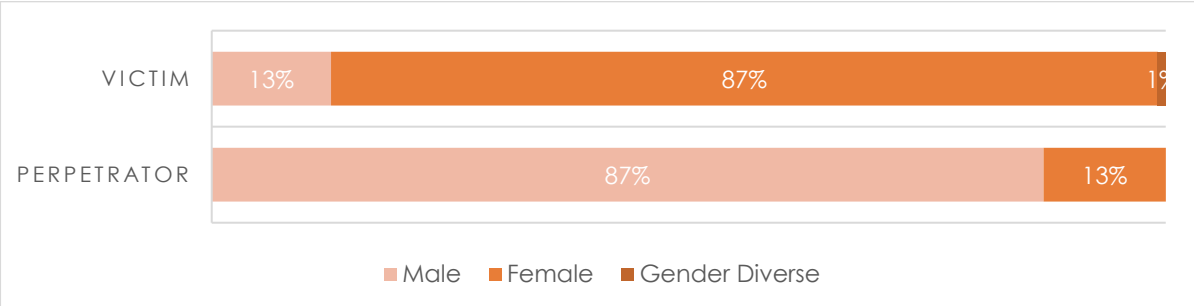
Table		Resident children and/or unborn child[6]	Non-resident children	No children
Waikato City	N = 56	70%	16%	14%
Waikato Rural	N = 29	59%	28%	14%
Christchurch	N = 44	61%	9%	30%
Total	N = 129	64%	16%	19%

GENDER ROLES AND NON-HETEROSEXUAL COUPLES

Victims are more likely to be female 87%, while 12% were male and 1% were gender diverse. Conversely, 87% of perpetrators were male and 13% were female. Of the 15 female perpetrators, six female perpetrators had a further episode during the review period and four maintained their status as the primary aggressor in later episodes. As Figure 3 below shows, female perpetrators were mainly medium and low risk with only 7% considered high risk compared with 39% of male perpetrators.

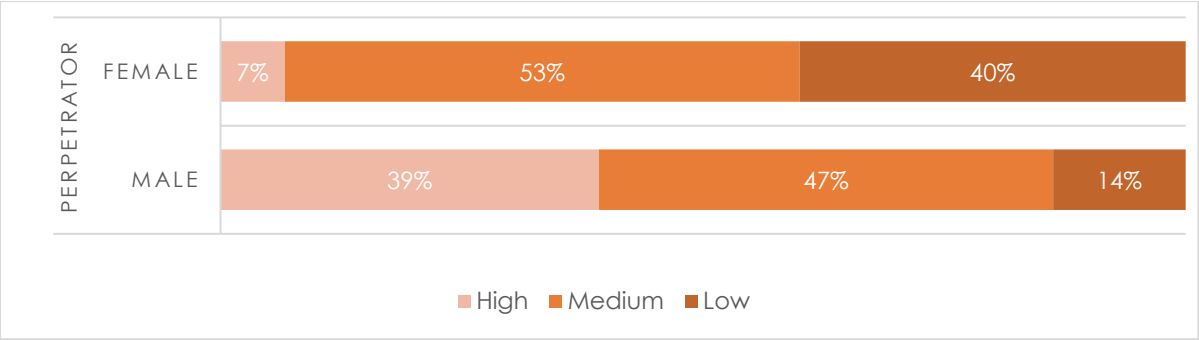
Of the 129 family safety plans reviews, three involved inter-partner violence between same sex couples, including one female couple, a male couple and a gender diverse person and their male partner.

Figure 2: Gender of adult victims and perpetrators



[6] Some families in this category also had non-resident children.

Figure 3: Initial risk status of perpetrators by gender



GANG ASSOCIATION

Gang association was generally recorded in the case notes where this information was known by the Police or Corrections or another organisation that had worked closely with the family[7].

Overall 31% of cases reviewed had at least one family member with a gang affiliation. As Table 11 shows, families with a gang association were more common in the Waikato region (39%) compared to Christchurch (18%). The most common gangs associated with cases reviewed in the Waikato region were Black Power and Mongrel Mob.

Table 11: Plans that involved a family member with a gang association by location

Waikato City N = 56	Waikato Rural N = 29	Christchurch N = 44	Total N = 129
39%	34%	18%	31%

KNOWN OFFENDERS

We estimate that nearly 50% of perpetrators were on a sentence with the Department of Corrections during the review period for a variety of offences including family harm. Over one third were on a community based sentence such as community work, intensive supervision or subject to post-prison release conditions. Around 13% were sentenced prisoners or remanded in custody. Eleven percent of victims were already being managed on a community based sentence at the start of the review period. In addition many other perpetrators and victims had criminal convictions prior to the review period and were known to Corrections staff. The exact number is hard to quantify as this is only recorded in the Family Safety System if deemed to be relevant to the management of the existing family safety plan.

> *"She has active charges for driving while impaired and fines warrants for $22,000."*
> *(Police note re victim after a prolonged assault by gang member partner at gang pad)*

[7] These numbers are not always accurately captured in the Family Safety System as information is primarily drawn from Police episode descriptions.

MENTAL HEALTH CONDITIONS INCLUDING DRUG AND ALCOHOL MISUSE

There was a high percentage of adult victims and perpetrators with a mental health condition referenced in the cases notes. Relevant information about diagnosed mental health conditions and drug and alcohol misuse is usually provided by a District Health Board representative. Additional information about alcohol and drug misuse is sometimes provided by other agencies such as Police or the IVS/POS or WSW support worker and is not necessarily a formal diagnosis.

Nearly 70% had a mental health condition noted on file including alcohol and drug misuse. Mental health issues captured in case notes include anxiety and depression, PTSD, bi-polar and suicide ideation. For 57% of adults, alcohol and drug misuse was identified as a risk factor for the family harm occurrences. At least 20% of adults were recorded as being specific users of methamphetamine. Methamphetamine use was more prevalent amongst perpetrators and victims in Waikato City (25%) and Waikato Rural (20%) compared to those in Christchurch (15%).

Table 12: Adult perpetrators and victims with mental health conditions including alcohol and drug misuse identified as risk factor[8] by location

Risk Factor	Waikato City N = 106	Waikato Rural N = 50	Christchurch N = 81	Total N = 237
With a mental health condition including alcohol and drug misuse identified	69%	74%	65%	69%
With alcohol and/or drug misuse specified	52%	70%	54%	57%
With just alcohol use and not drug misuse identified	10%	20%	14%	14%
With methamphetamine use specified	25%	20%	15%	20%

In many cases multiple compounding risk factors existed. One violent perpetrator in his 20's had an intellectual disability, bi-polar disorder, an alcohol addiction and no family supports. Another young woman in her early 20's had an eating disorder, family harm episodes with multiple partners and family members and was subject to care and protection orders from a young age.

Some cases involved mutual dependency, for example, in one case the perpetrator supplied the victim with drugs in return for letting him stay at her house – she felt safer with him there. That victim has experienced much family harm during her lifetime and the feeling of safety is relative to her life experiences. Family harm dynamics were further complicated when one party was a caregiver to the other party who had mental or physical challenges.

In other cases, gambling addictions caused further financial strain that fuelled arguments:

> *"They had another argument over her gambling problem with the pokie machines, she had rung the bank to try and transfer some money to her account."* (WSW case note)

[8] Note that this is likely to be an undercount as the Ministry of Health only share information deemed to be relevant to understanding the family harm occurrences and imminent risk.

INCOME SOURCE OF ADULT PERPETRATORS AND VICTIMS

Income source was not always recorded in the case notes and was unknown for 47% of adult victims and perpetrators. At least 36% percent of victims and 28% of perpetrators were in receipt of a benefit including Job Seeker Support, Sole Parent Payment, Young Parent Payment, Supported Living Allowance or a Health and Disability Benefit. Benefit receipt was recorded more frequently for those in Waikato City (35%) and less frequently in Waikato Rural (28%) and Christchurch (17%). Around 21% of perpetrators and 14% of victims were described as being employed, with similar results across the three sites. Around 14% of perpetrators were either remanded in custody or in prison during the review period and would not have been entitled to receive income from a benefit or paid employment.

Table 13: Income source of adult perpetrators and victims by location

Income source	Waikato City N = 106	Waikato Rural N = 50	Christchurch N = 81	Total N = 237
Unknown	39%	48%	58%	47%
Benefit	35%	28%	17%	27%
Employed	14%	14%	15%	14%
RIC/Prison	10%	2%	4%	6%
Superannuation	1%	4%	6%	3%
ACC/Insurance	0%	4%	0%	1%
Training support	1%	0%	0%	0%
Total	100%	100%	100%	100%

Reporting of income source was more common for high risk cases. As Table 14 shows, at least 47% of high risk adults received income from a benefit, 16% from employment while 9% were in prison or remanded in custody and not entitled to receive an income from paid employment or a benefit.

Table 14: Income source of adult perpetrators and victims by risk

Income source	High N = 81	Medium N = 115	Low N = 41	Grand Total
Unknown	25%	51%	78%	47%
Benefit	47%	20%	10%	27%
Employed	16%	16%	7%	14%
RIC/Prison	9%	7%	0%	6%
Superannuation	0%	0%	2%	0%
ACC/Insurance	2%	3%	2%	3%
Training support	0%	2%	0%	1%
Total	0%	1%	0%	0%

HOUSING INADEQUACIES

Housing was an issue for people associated with one third of all plans. Cases notes for several plans describe victims and perpetrators as being transient, living in over-crowded conditions, in garages or shipping containers. Many were staying temporarily with family members which often created tensions resulting in harm episodes. Living conditions were often described as cold, cramped and substandard. Several homes had no power. Some victims, perpetrators and their children were evicted from their accommodation during the 12 week period for reasons such as non-payment of rent, property damage, drug use, or for manufacturing drugs.

Housing was an issue for nearly half of the cases reviewed in Waikato City (45%) and for 38% of cases in Rural Waikato. Housing was less of an issue in Christchurch (16%).

Table 15: Percentage of plans where housing issues were reported by location

Waikato City N = 56	Waikato Rural N = 29	Christchurch N = 44	Total N = 129
45%	38%	16%	33%

TYPES AND CHARACTERISTICS OF FAMILY HARM OCCURRENCES

Ten of the cases considered in this review were referrals by the Department of Corrections for oversight of impending prison releases of known family violence offenders. The remaining 119 cases were referred by the Police following a family harm occurrence or incident.

The following table describes the types of harm experienced in the most recent episode prior to the start of the review period for the 119 non-prison releases. Please note that more than one type of harm may be recorded for a particular family harm occurrence.

Table 16: Nature of harm at episode recorded at the start of the review period by location

Nature of harm at family harm occurrences	Waikato City N = 48	Waikato Rural N = 29	Christchurch N = 42	Total N = 119
Verbal abuse	92%	79%	71%	82%
Physical harm	42%	55%	38%	44%
Threats of harm	23%	17%	19%	20%
Property damage	25%	21%	7%	18%
Sexual violence[9]	4%	7%	2%	4%

It is important to note that many of the physical harm episodes involved serious forms of violence including several attempted strangulations, assaults on women holding babies, abduction, rape, the use of a weapons including firearms and motor vehicles, and some where the victim was forced to consume illegal drugs against her will.

Episodes involving property damage include the forced entry of the home by the perpetrator, damage to the dwelling and destruction of property including cell phones. Pleasingly, case notes suggest that many of the

[9] Sexual violence is less likely to be disclosed than other forms of harm occurring within a relationship.

verbal episodes involved victims with existing safety plans contacting the Police before events escalated. The victim's willingness to call Police is often identified as a protective factor in the case notes.

Occurrences of physical harm and property damage tended to be higher in Waikato.

> *"She suffered serious injuries to her body and face and was almost unrecognisable. When approached by police he had blood over his hands and clothing and stated "yeah I assaulted her, and what*?!" (Police notes following an assault by a gang member)

> *"The victim provided Police with statements outlining assault, threatening behaviour and wilful damage. She was cooperative but was shaking in fear. There was one child present at the address*." (Police note following an arrest)

RELATIONSHIPS BETWEEN PEOPLE EXPERIENCING VIOLENCE

Table 17: Relationship of people involved in family harm occurrences by location (non-prison releases)

Relationship of people involved in family harm occurrences[10]	Waikato City N = 48	Waikato Rural N = 29	Christchurch N = 42	Total N = 119
Violence between partners	52%	62%	29%	46%
Violence between ex-partners	19%	14%	36%	24%
Violence between parent and child	19%	21%	19%	19%
Violence between siblings	2%	0%	2%	2%
Violence between others	6%	10%	10%	8%

Nearly 70% of episodes involved violence between partners, ex-partners or intermittent partners. One-fifth of episodes in each location were for violence between parents and children, or between siblings.

In other cases we observed one family member would have future episodes with other family members including their siblings, parents and partner, and in a different role to their role in the first episode. For example, one case involved a father who was charged with assaulting his fourteen year old child. In a later episode the fourteen year old child assaulted the mother. Relationships between family members as opposed to intimate partners are compounded by the fact that they cannot easily end the relationship (particularly non-adult children).

In all of the episodes that involved adult children who had family harm episodes with their parents, the case notes suggested that the adult child had a history of being exposed to family harm when younger. Many of these episodes involved adult children who resided with their parents, temporarily or permanently.

[10] Some episodes involved occurrences between more than one relationship type, eg, violence between partners and violence between a parent and child at the same episode.

RELATIONSHIP STATUS – HAS IT REALLY ENDED?

Whilst Table 17 describes the relationship status of couples as being either partners or ex-partners we observed a number of cases of couples in "intermittent relationships". They said they had ended the relationship but still spent a lot of time together which often resulted in subsequent episodes occurring. This has implications for how we assess risk and manage support for these families.

Likewise we frequently observed parties with different perspectives on the status of the relationship. For example a perpetrator would advise the POS case worker that the relationship was continuing while the victim would advise the IVS that it had ended.

Another observation was that a number of victims ended their relationship with their current violent partner only to return to a previous violent partner who was often the father of the children.

A small number of victims and perpetrators had concurrent relationships during the 12 week review period which was a potential cause for friction in their primary relationship.

POLICE ACTION IMMEDIATELY FOLLOWING THE FIRST EPISODE IN THE REVIEW PERIOD

Police records indicate that ten Police Safety Orders were issued following the 119 episodes. Firearms were present at five of the homes and five episodes involved the breach of a protection order.

In just over a quarter (31) of the 119 episodes the perpetrator was arrested by Police, with 13 remanded in custody prior to being sentenced in court at a later date. The remaining 18 were remanded on bail in the community with various conditions including non-association and residential orders, curfews, instructions not to use or threaten violence, to attend a domestic violence programme or mental health assessment.

FOR VARIOUS REASONS SOME VICTIMS REFUSED TO MAKE A STATEMENT TO POLICE DESPITE THE SERIOUSNESS OF THE HARM

For a number of family harm episodes Police could not prosecute the perpetrator because the victim was unwilling to make a statement or later withdrew their statement despite the serious nature of the harm that occurred. In one case the victim withdrew her statement so as not to affect the immigration status of her former partner and his family. In another case the victim refused to make a statement because her partner was due to start a rehabilitation programme that she desperately wanted him to attend:

> *"Clearly, a quite serious assault has taken place, and [she] has confirmed this to be true verbally with Police, however would not agree to make a signed statement. Police spent approximately 20 minutes talking with her and attempting multiple times to convince her to make a statement however she did not want [him] to be prosecuted as it would mean he could not do his rehab course which she says is more important than him being prosecuted."*

In other cases it is not clear why the victim chose to withdraw their statement, although the victim may have been terrified of the consequences for them:

> "*Police have noted injuries around [her] neck and sighted a large bruise developing on her upper left thigh, however she would not allow photos to be taken. Upon completing and signing the statements, within three minutes [she] became extremely upset and wanted to recant her statement. She leaned over Police and grabbed the statement she signed from the table and tried to exit the interview room."*

Some victims were anti-Police and for reasons of fear or love appeared willing to protect their partner or family member:

> *"I'm not saying nothing - he's my boy - there's nothing to say."*

> *"[She] was anti Police arresting him because she wanted him there, and didn't believe she was in any danger."*

For victims living with gang members there could be serious repercussions from other gang associates if the victim were to report an offence.

"She was in tears telling Police that she feared the repercussions would be dangerous for her and her children when he finds out she called Police on him and is terrified of what him or his friends would do to her. Police discussed looking for a new place to live and she said she wants to, but she is arrears with rent at this current house and WINZ has already helped with the bond for it and therefore would not help her with another house. She feels stuck." (Police notes from episode)

The victim also reported that after one violent attack the gang member had said:

"..you didn't pass the test. You will never be a mob wife."

Despite the unwillingness of some victims to make a statement Police will often issue a Police Safety Order to enable some temporary separation of the couple. In some cases, where the victims withdrew their statement, Police still planned to proceed with a prosecution as they felt they had sufficient information to lay charges:

"She has now withdrawn her statement made to Police, however Police still plan to proceed as sufficient evidence to charge [him]. [He] is also aware of the complaint she has made.
There is no information to suggest that the level of risk has reduced with the victim potentially remaining in a relationship with [him]." (Police case note)

4 ISR TABLE PROCESSES & OBSERVATIONS

SAFETY ASSESSMENT MEETING SAM TABLE

The SAM table meets seven days a week for around five hours per day. SAM representatives discuss each new episode from the previous day and any impending family violence related prison releases. New cases are assessed and assigned a risk level. Existing cases may have their risk level changed when reviewed, or a decision might be made to close the case.

SAM agency representation is smaller than for ICM, with a core of New Zealand Police, Oranga Tamariki, Department of Corrections, District Health (including general and mental health) – but, may also include other Government agencies and Non-Government Organisations (NGOs).

The SAM case list is created and sent to partner agencies prior to attending the meeting, to allow time for agencies to research any existing information they hold on the family and to determine engagement and progress on existing tasks allocated to them. In addition to SAM attendees the list is reviewed by NGO partners and ACC who also provide relevant information for consideration at the SAM table.

The ISR Administrator updates the Family Safety System throughout the meeting, capturing the discussions and next steps, while the plan leads drive the discussion for each Family Safety Plan.

Plans considered to be low risk are generally referred directly to agencies that hold the ISR low risk response contract (Lifeline Trust and Battered Women's Trust).

INTENSIVE CASE MANAGEMENT ICM TABLE

The ICM table representatives meet once a week for around six hours to discuss new high risk episodes triaged at the SAM table, or review existing high risk plans, along with impending high risk family violence related prison releases. ICM agency representation varies from week to week, but has a core of representatives from Kaupapa Māori agencies, New Zealand Police, Department of Corrections, Ministry of Justice, Oranga Tamariki, Ministry of Education, District Health (including general and mental health), Work and Income, Accident Compensation Corporation and specialist family violence agencies such as Women's Refuge and Stopping Violence Services. Depending on the cases to be discussed or reviewed it may include other NGOs such as Shakti and Sharma. Other agencies such as the Children's Team, Housing NZ or even SPCA may also attend the ICM.

The ISR Co-ordinator opens and closes the meeting in a culturally responsive manner, invites the group to introduce themselves individually, provides an overview of the day's proceedings and the number of cases to be discussed and creates a safe and professional environment for participants to share their expertise and information.

The ISR processes and administrator and co-ordinator roles operate in a similar manner to the SAM tables.

Once each episode and family safety plan is discussed, the ICM and SAM tables determine which agencies are to be tasked with supporting them. This can range from a single agency for a low risk case, to 20 or more agencies for a high risk case. Each agency representative is accountable for their actions and the intent, context and requirements of the task is made clear to them, along with a timeframe for completion and/or review. The initial agency tasked with contacting the family must adhere to the following timeframes:

Risk Status	Timeframe for responding to tasks
Low	4 working days
Medium	72 hours
High	24 hours including weekends/public holidays

ISR PROCESS OBSERVATIONS

Information sharing– is a key facet of the ICM and SAM tables, it includes consideration of each person's history of engagement and uptake of services and supports from the participating agencies. Examples of the types of information shared throughout the review period related to:

- Identification of risk and protective factors
- Which agencies a family has previously engaged with
- Safety considerations such as when family members are known to be dangerous for case workers to approach, or if they hold firearms.
- ACC injury claims and Emergency Department presentations which highlight the type and frequency of physical harm experienced by family members regardless of whether the incident had been reported to Police. In these cases the risk profile for each case was increased.
- Identification of known or suspected stressors or risk factors for the family such as finances, housing, mental health challenges, addiction and parenting capacity. These issues are taken into consideration when determining the risk level assigned.

Collaboration – participation at the tables builds trust and rapport between agencies and enables them to develop a broader understanding of the services each provides. It also enables a multi-agency approach, working together with a family where one agency has a good relationship with them, or facilitating a handover. One example we observed was where a Report of Concern was made to Oranga Tamariki that did not meet the threshold for intervention and was subsequently referred to the Children's Team.

Contact details – having accurate and up to date phone numbers and addresses for each family member ensures a prompt engagement attempt can be made and time is not wasted by ISR staff making calls to the wrong number or home visits to the wrong location. In one case that we observed the address checking process resulted in the realisation that a perpetrator was about to be bailed to an unsuitable address.

> *"Oh no he has been bailed to the wrong address. Its 500 meters from her home"*
>
> *(ICM table discussion)*

Waitlist discussion and prioritisation – We observed agency staff contributing information about approximate wait times for assessments or interventions and in some cases, prioritising family members to receive services urgently. This was especially important when issues such as suicide ideation or addiction were life-threatening. Discussion would sometimes relate to service gaps, particularly for providers in rural areas or when providers are at capacity, to ensure prompt and equitable disbursement of tasks.

Victim safety and perpetrator apprehension – In some cases a welfare check was requested at the tables for Police to visit the home of a victim and children if they had not been sighted for some time, or where there was concern around the location of a perpetrator. Likewise, when there were serious concerns for the safety of a victim and/or children following an episode, discussions were held between Police and Corrections about invoking a Breach of Protection Order or Non-Association Order, if these orders were in place. These options were particularly helpful when a victim did not make a statement or withdrew their statement after an episode and concern remained.

TASKS ALLOCATED BY THE ICM AND SAM TABLES

The number of tasks allocated to ISR staff varied greatly, from as few as one task relating to the victim, perpetrator or children, through to as many as 22 tasks in very complicated cases. As Figures 4 and 5 below show, higher risk plans had more tasks allocated and more agencies involved than lower risk plans.

Figure 4: Task volumes allocated to plans during the review period by risk status

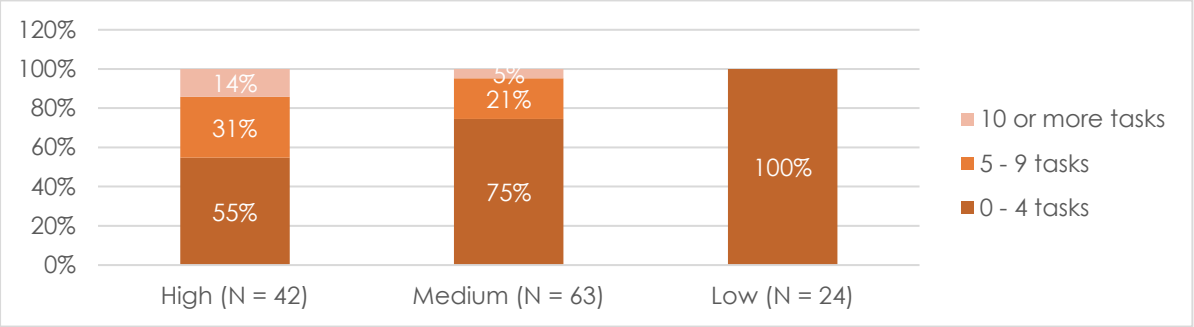
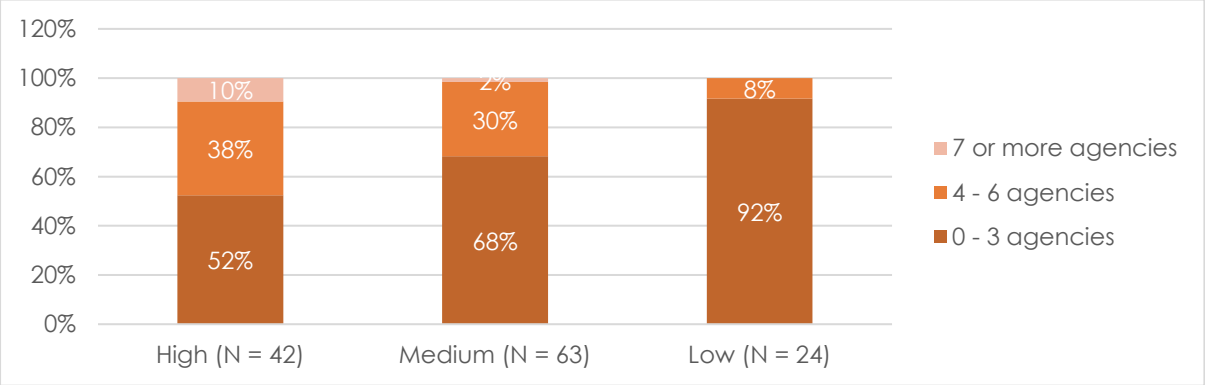


Figure 5: Agencies with tasks assigned to plans during review period



The range of tasks assigned to participating agencies are many and varied but broadly fell into ten main categories as described in the following table:

Table 18: Examples of types of tasks allocated during the review period

Task Type	Examples
Make contact with family: engage / assess needs	• VS to engage with victim, assess needs and complete safety planning for home and children's school • POS to make contact and complete assessment, encourage self-referral for alcohol and drug support
Information Sharing: inform school (high and medium risk cases only) / inform/update tasked agencies	• Police advise Ministry of Justice not to bail to his parents address as they reside in same street as victim • Oranga Tamariki to notify assigned social worker and update CYRAS with details of latest episode • Corrections to warn pre-sentence report writer of episode
Information Sourcing: court outcome/mental health assessment /location of victim or perpetrator	• POS to feedback on engagement with perpetrator and attendance on the anger management programme • MOH to feedback on outcome of his mental health assessment completed in prison
Allocate Specialist Practitioner: POS/IVS/WSW	• Allocate an IVS from a Kaupapa Māori provider that covers rural Waikato • Assign a female POS as the perpetrator is a female and has requested this
Liaise/Co-ordinate: discuss case with other agency/arrange joint visit	• Probation Officer to attend first visit with new POS to aid engagement with perpetrator • POS to talk with WINZ re benefit • Corrections to discuss episode with [perpetrator]
Arrange a Professionals Meeting	• Oranga Tamariki to arrange a Professionals Meeting with participating agencies to discuss the children's welfare needs • IVS to arrange Professionals Meeting prior to Oranga Tamariki Family Group Conference for the agencies to discuss their concerns
Immediate Safety Actions: Police do welfare check /issue PSO or WFA/alter bail conditions	• Police to do an unannounced home visit to check welfare of victim and determine if perpetrator present • Change bail address from sister's home as she has 2 children & he has a sexual offending history with minors
Other Actions: Report of Concern to Oranga Tamariki/ GP or Emergency Department alert /Review Work and Income entitlements	• MOH to notify the family's GP of family harm episode and place an Emergency Department alert on system -WINZ to complete FACE (Full And Correct Entitlement) of benefits for victim • Add victim's name to victim's register
Set SAM/ICM Review Date	• ISR to diarise for SAM review in 2 weeks after completion of Oranga Tamariki Family Group Conference of this medium risk plan • ISR to complete ICM review prior to Court Case Review Hearing to safety plan for potential remand release
Monitored Alarm/Home Security: bedroom alarm/door locks, sensor light	• Police to offer alarm to victim prior to Prison Release of ex-partner • Refuge to complete Safe@home application for installation of door and window locks

The task allocation and information sharing that occurs can also contribute to more accurate risk identification and can highlight patterns of concerning behaviours as the following case note examples highlight:

Young mother with child, in relationship with older partner, ten family harm episodes this year
- MOE advise child frequently absent from school for long periods this year, but previously excellent

attendance
-ACC advise physical injury claims for child include wound to eye after running into a piece of wood, tripping down stairs, falling over and landing on jaw

Teen couple with a baby, both known drug users, 15 family harm episodes, victim refuses to make statements to Police
– ACC advise baby sustained a concussion aged 10 weeks, explanation given that it fell off a bed

5 INITIAL AND ONGOING ENGAGEMENT WITH VICTIMS, PERPETRATORS AND THEIR FAMILIES

This section will explore the topic of "engagement" – both externally, with victims, perpetrators and their children – and internally, between agencies. This is a pivotal component of the ISR process, as without engagement, ISR partner agencies are unable to obtain the clients' perspective to understand their wants and needs and be truly whānau-centred – and government and non-government agencies are unable to provide services and supports to the family to address these.

SHARING OF CONTACT INFORMATION IMPROVES ENGAGEMENT RATES

The ability to engage begins at the SAM and ICM tables, whereby through information sharing, ISR staff are able to determine accurate, up-to-date and alternative contact details for each family member. Observations of contact information topics discussed:

- What is the latest cell phone number for each person?
- Are they known to respond or ignore texts or calls?
- Do they change phones frequently?
- Have phones been destroyed in previous family harm episodes?
- Which school do the children attend?
- What is the primary residence of the victim and perpetrator?
- Are they known to be transient, residing in their car, at a gang "pad" or frequently moving between extended family members' homes?
- Do they use Facebook?

Other contact information shared included details of the custody and living arrangements for children. This information was usually sourced from Care Orders or Child Support payments. Work and Income, ACC, Health, Ministry of Education, Corrections and Oranga Tamariki were often best placed to provide correct contact details.

EXISTING RELATIONSHIPS CAN HELP TO FACILITATE A "WARM HANDOVER"

Once accurate contact information is obtained, ISR staff can improve the likelihood of successful engagement (or re-engagement) with the family by considering if any of the participating agencies already have a positive and safe relationship with any of the family members. The following are some examples of good agency collaborations regarding engagement observed in case notes and ISR table discussions:

- POS support worker with an existing relationship with the family arranged a joint visit with Oranga Tamariki staff to smooth the way.
- A school social worker who knew the family well, introduced the IVS case worker to the mother at the school.
- A meeting under the guise of a benefit review at Work and Income was arranged to attempt a safe meeting between the IVS case worker and a vulnerable victim being monitored by her gang-member partner.

ISR ARE CAREFUL NOT TO OVERWHELM FAMILIES WITH OFFERS OF SUPPORT FROM MULTIPLE AGENCIES

Agencies sometimes agreed on a staggered approach to engagement so as not to overwhelm a family, as the following case notes illustrate:

> *"The victim stated she was feeling a little overwhelmed with the amount of agencies now involved, so IVS offered to help manage this for her, as the victim works fulltime….. and has care orders for her 3 grandchildren."* (IVS case note)

> *"Be wary of not overwhelming the fragile victim with too many calls or visits prior to release of her ex-partner from prison."* (ICM discussion)

THE SAFETY OF VICTIMS IS PARAMOUNT

ISR partners take a safety approach - considering when, where, how and with whom contact should be made, in order to protect the victims and children from retaliation or further harm by the perpetrator as a result of the engagement attempt.

CULTURALLY APPROPRIATE AGENCY SUPPORT OFFERED WHERE POSSIBLE

When identifying the best agency to work with a family, ISR may choose a provider from the victim or perpetrators own culture such as a Kaupapa Māori or Pacific NGO, an agency that specialises in working with refugees and migrant families, or a frontline support worker with good cultural awareness. Given that ISR is located in areas popular with new migrants and with annual refugee quotas, this is an important consideration.

The gender of the case worker is also an important consideration as the following case note suggests:

> *"She is happy to have the opportunity at last to talk with a female, because the majority of her abuse has been sexual violation and she is embarrassed and sensitive about this*."(Comment by victim to WSW worker)

RISK LEVEL DETERMINES THE MINIMUM NUMBER AND TYPES OF CONTACT WITH VICTIM AND PERPETRATOR

The risk level assigned to each plan determines the minimum number and types of contact that should be attempted to enable engagement. The three levels of risk determined by the tables have minimum requirements to adhere to, ranging from low risk, which requires four phone calls on four different days at four different times, through to medium and high risk plans which require a combination of calls and face to face interaction via home visit attempts.

The locations for these face to face interactions are many and varied, from a prison or probation office to a school or safe house, as are the days and times of contact. Even low risk episodes with a single tasked agency can have a significant impact on a client's sense of safety and well-being as this case note highlights:

> *"… Her ex-partner was sending her abusive texts, so we completed safety planning [over the phone] and I advised how to change the settings on her phone and block numbers."*

For medium risk clients where there has been initial contact but no uptake of services there is often a six week follow-up call to check in and see how things are going.

CHALLENGES TO GOOD ENGAGEMENT

To conclude, there are many challenges to engagement. Even with the latest contact details, access to some clients can be difficult due to geographical distance, transience, or safety considerations such as the presence of dangerous dogs, gang members and firearms. Further challenges include emotional responses

such as guilt, fear, embarrassment, distrust of agencies, an anti-police stance, and the intergenerational "normalisation" of family harm.

> *'the victim was violently assaulted by her gang-member partner, he was remanded in custody but IVS was unable to engage as she returned to the gang pad upon release from ED."*
>
> *"The victim arrived at the police station and asked to withdraw her statement, she was accompanied by the perpetrator's mother."*

Yet given these challenges, ISR staff were able to make significant levels of contact and engagement.

Table 19: Engagement outcomes for victims and perpetrators

Engagement Outcomes	Perpetrators N = 117	Victims N = 120	Total N = 237
Contact made & support accepted	21%	48%	35%
Contact made, some engagement but no uptake of services	6%	20%	13%
Contact made, support offered but immediately declined	9%	8%	8%
Statutory engagement only, e.g., on strength with Corrections	41%	6%	23%
Uncontactable/unsafe to contact	14%	13%	14%
No attempt made to contact	9%	5%	7%
Total	100%	100%	100%

VICTIMS AND THOSE ON HIGH RISK PLANS WERE MORE LIKELY TO ACCEPT SUPPORT

ISR staff and partner agencies were more frequently able to contact and provide support to victims and those on medium and high risk plans. As Table 19 shows, victims were more than twice as likely to accept support with only 21% of perpetrators accepting support from those that had managed to contact them. However, given that many perpetrators had a statutory engagement with Corrections they will usually have had some engagement with a probation officer or prison staff regardless of whether they were on a sentence for family harm related offending although there was no evidence of additional support services noted in the Family Safety System. In many cases, probation staff were advised of any family harm episodes. This information could result in breach action or be included in sentencing reports.

Contact and support was more likely to be accepted by those on high risk plans, with nearly half of those on high risk plans and one third of those on medium risk plans accepting support compared to just 17% of those on low risk plans. This is likely due to the more intense efforts made by ISR staff dealing with high risk cases and the level of needs of these clients (see Figures 4 and 5 in the previous section).

Table 20: Engagement outcomes by risk level

Engagement Outcomes	High N = 81	Medium N = 115	Low N = 41	Total N = 237
Contact made & support accepted	47%	32%	17%	35%

Across all risk levels, around 40% of perpetrators and victims in Christchurch accepted support. This was slightly higher than in Waikato where around 32% were able to be contacted and accepted support.

Table 21: Engagement outcomes by location

Engagement Outcomes	Waikato City N = 106	Waikato Rural N = 50	Christchurch N = 81	Total N = 237
Contact made & support accepted	32%	32%	40%	35%

CONTACT MADE, SOME ENGAGEMENT, BUT NO UPTAKE OF SERVICES

For 20% of victims and 6% of perpetrators contact was made but there was no uptake of services. This type of engagement is still considered successful, because the clients' voice is heard and to some extent their wants and needs can be determined, and crucially, some trust and rapport has been established with the ISR representative. Even during brief contact, a basic safety plan can be discussed, e.g., the victim can be advised to attempt to remove themselves and their children from the situation, consider a safe place to go such as a lockable bathroom, phone 111 as soon as they feel unsafe, or go to a neighbour to seek help. As well, pamphlets describing various services and supports are provided for them to read and consider, as this case note highlights:

> *"She advised this was a one-off argument triggered by her son getting angry over having his playstation taken off him for being truant at college. A basic safety plan was made and information left with her on parenting strategies and services for teens, should she decide she does need support."* (WSW case note from initial contact tasking)

CONTACT MADE, SUPPORT OFFERED BUT IMMEDIATELY DECLINED

For around eight percent of cases ISR workers managed to make contact with the victim or perpetrator. However, their contact attempts were responded to in a fairly negative way as the following two case notes describe:

> *"… he could be heard telling his mum to tell IVS to f*** off & not to come around bothering them all the time – she then said she did not need IVS help."* (IVS case note)

> *"..phone contact made, she stated she was busy on another call, then did not answer the phone again when rung several times."* (IVS case note)

UNSAFE TO CONTACT

A small number of victims and perpetrators were considered unsafe to contact. A common scenario is where a complaint has been made by a victim but the perpetrator was unaware. In the following case contacting the perpetrator would have put the victim at further risk as he would have known that the victim was in contact with authorities:

> *'the victim and her child have a sensitive claim in progress, are receiving sexual abuse counselling and there is an open file with Oranga Tamariki, so no task for further contact at this point"* (ICM table discussion)

NO CONTACT ATTEMPT MADE

No contact attempt was made for seven percent of victims and perpetrators. This occurred when the perpetrator and victim usually resided in another city, outside the ISR boundary. Other cases involved people who were transient or homeless so contact attempts would be time consuming and unlikely to be successful.

> *"The couple were on holiday in Hamilton when the verbal episode occurred at the bar and appeared to be alcohol-related, frontline police response at the episode was sufficient and no further tasking required."* (SAM table discussion)

6 SUPPORT SERVICES

6.1 Support services provided to adult victims and perpetrators

AT LEAST 73% OF VICTIMS AND 50% OF PERPETRATORS ACCESSED AT LEAST ONE SUPPORT SERVICE

In this section we describe the uptake of services by the 88 victims and 58 perpetrators who received at least one support service during the 12 week review period. Services that are specific to children under the age of 18 are described in the next section (section 6.2). Service support information is usually identified and captured in the Family Safety System during the ICM and SAM meetings and following client engagement with IVS, POS or WSW staff or other partner agencies. Additional information about perpetrators and victims referred, waitlisted or having a service need identified are presented in Appendix A.

Please note that this section includes any services listed in the case notes in addition to those that may have been facilitated by an ISR case worker. For example, a client might decline IVS support but still utilise safehousing, or receive mental health support in prison via Corrections whilst declining POS assistance.

Understanding the quality or intensity of the services provided is outside of the scope of this report. However the final chapter will provide a comparison of family and whānau outcomes for those engaging with services compared to those who did not. The following is an example of a victim who received intensive support during the review period following a serious incident that occurred earlier this year:

> *An IVS worker from Women's Refuge worked with a victim with significant mental health issues including methamphetamine use who was in a three year relationship with a gang member. After a violent and prolonged physical assault she fled the scene and presented at hospital with numerous injuries.*
>
> *She was placed in a safe-house where she has remained for several months. Refuge staff have worked with her over these months, supporting her to maintain engagement with mental health services, alcohol and drug counselling, a women's programme, a literacy course, and to attend probation meetings. She has received surgery to repair her broken nose and teeth, is on the Housing NZ waitlist and has obtained a part time job which she enjoys.*

Forty-three percent of perpetrators and 65% of victims who received support services were also assigned either a POS, IVS or WSW support person to provide them with immediate safety assistance and also connect them with longer term support services. Immediate assistance included such things as safe-housing, transport and delivery of food parcels – for thirteen families it was referenced in the case notes that they had received food parcels during the review period. Thirty percent of families were allocated a culturally specific case worker or agency.

Figure 6: Support services provided to victims

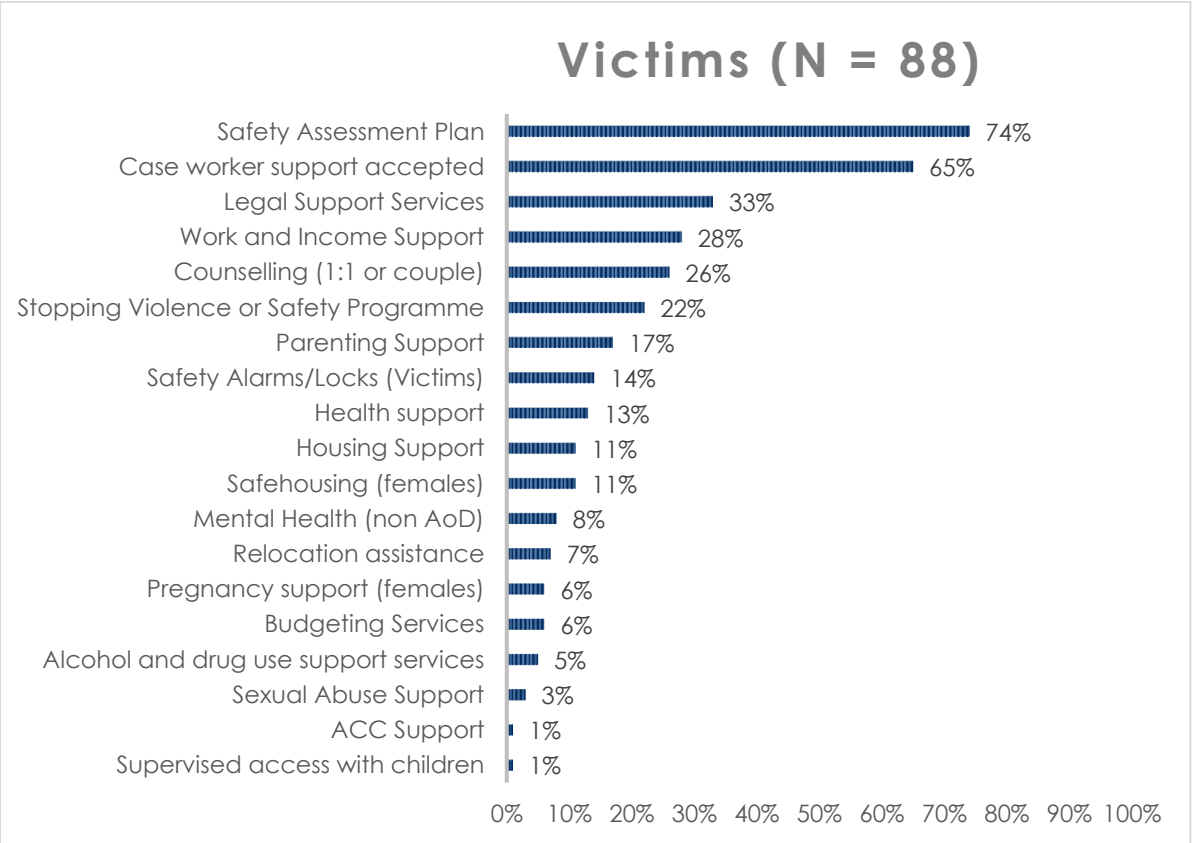
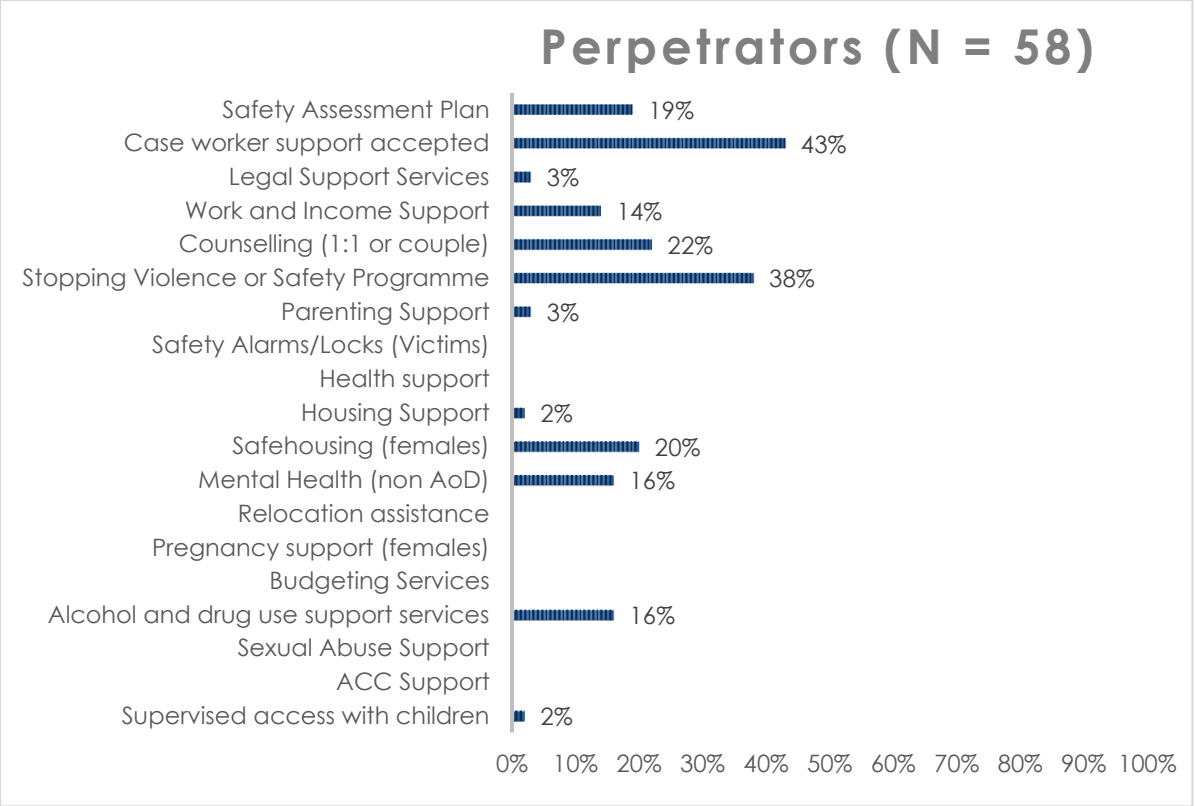


Figure 7: Support services provided to perpetrators



PARENTING PROGRAMMES

Parenting programmes to support victims and perpetrators experiencing family harm were a common referral pathway for people in the following situations:

- Parents struggling to care for very young children
- Pregnant mothers who have previously had other children removed from their care
- Vulnerable teenage mothers
- Fathers who have supervised access to their children – a supervisor is provided
- Fathers who would like to have supervised access to their children and where attendance at a parenting programme would assist their application
- Parents with special need adult children
- Parents facing challenges with foster children
- Parents of children exhibiting "unusual behaviours"
- Grandparents who are the primary caregivers of their grandchildren
- Parents with challenging teenagers
- Parents of children with specific health issues such as ADHD
- Parents who were the subject of a Report of Concern to Oranga Tamariki and the subsequent assessment recommended a parenting programme

Service providers included Family Start, Barnardos, Incredible Years, Teen Parent Units, Presbyterian Support Services and Parentline. Parents who were victims were more than four times more likely to participate in a parenting service than perpetrators who were parents (17% compared with 3%).

Parenting support services were far more likely to be provided to those living in Waikato City (18%) or Christchurch (8%) than in Waikato Rural (3%) where fewer service providers exist due to geographic isolation.

Table 22: Percentage of perpetrators and victims who received parenting support services by location

Parenting Support Services	Waikato City N = 65	Waikato Rural N = 32	Christchurch N = 49	Total N = 146
Contact made & support accepted	18%	3%	8%	12%

LEGAL SUPPORT SERVICES

In many cases IVS, POS and WSW staff provided support to people needing legal assistance prior to and during a court hearing. This service was more likely to be used by victims with 33% accessing legal support compared to only 3% of perpetrators.

For victims, legal support involved assisting them to get a protection order, a parenting order or further support during Family Court proceedings. In some cases victims were able to get this legal assistance from NZ Police staff. Perpetrators were most often supported through the Family Court process so they could apply to have safe supervised or shared access with their children. In one case, a POS worker assisted a perpetrator with their court case. Appreciative of the support, he then agreed to attend a family violence programme. As Table 23 shows victims and perpetrators in Waikato City (28%) and Waikato Rural (19%) were more likely to receive a legal support service than those in Christchurch (14%). Twenty seven victims and children already had protection orders in place at the start of the review period.

Table 23: Percentage of perpetrators and victims who received legal support services by location

Legal Support Services	Waikato City N = 65	Waikato Rural N = 32	Christchurch N = 49	Total N = 146
Contact made & support accepted	28%	19%	14%	21%

STOPPING VIOLENCE AND SAFETY PROGRAMMES

Case notes suggest that 38% of perpetrators and 22% of victims attended a stopping violence or safety programme. Services were twice as likely to be provided to those residing in Waikato and Christchurch than in rural Waikato where fewer service providers exist. As the following table shows, only 13% of those in Waikato Rural attended a stopping violence support programme compared with 34% in Waikato City and 31% in Christchurch. Programmes were generally provided by ISR funded partners such as HAIP, Stopping Violence Services, Te Whakaruruhau, He Waka Tapu and Te Puna Oranga. Some programmes were arranged by the Department of Corrections, e.g., the Te Ihu Waka programme and Tai Aroha Men's programme.

Table 24: Percentage of perpetrators and victims who attended a stopping violence or safety programme by location

Stopping violence and safety programmes	Waikato City N = 65	Waikato Rural N = 32	Christchurch N = 49	Total N = 146
Contact made & support accepted	34%	13%	31%	28%

ALCOHOL AND DRUG SUPPORT SERVICES

Alcohol and drug addiction was identified as a contributing cause and/or a risk factor for nearly sixty percent of perpetrators and victims. Perpetrators (16%) were more likely than victims (5%) to receive support from a dedicated alcohol and drug addiction service. In several cases this support was arranged by Department of Corrections with some perpetrators receiving support while in prison. It is quite likely that more victims and perpetrators received some degree of alcohol and drug support directly from their IVS, POS or WSW, through counselling services, stopping violence and safety programmes or through mental health service providers. Alcohol and drug support was identified as a need for a further 26% of victims and 52% of perpetrators.

As Table 25 below shows uptake of drug and alcohol services were similar across the three locations.

Table 25: Percentage of perpetrators and victims who attended alcohol and drug support services by location

Alcohol and drug support services	Waikato City N = 65	Waikato Rural N = 32	Christchurch N = 49	Total N = 146
Contact made & support accepted	11%	9%	6%	9%

MENTAL HEALTH SERVICES

About 8% of victims and 16% of perpetrators received assessments and supports with a psychiatrist, psychologist or a GP to address mental health conditions such as anxiety and depression, post-traumatic stress disorder and suicide ideation. Some perpetrators received this support while in a dedicated mental health facility while one was described as "working with a psychologist from the forensic prison team". Families were also able to access respite care for children living with mentally unwell family members. Mental health support was identified as a need for a further 13% of victims and 25% of perpetrators. As Table 26 below shows access rates for mental health services were similar across the three locations:

Table 26: Percentage of perpetrators and victims who attended a mental health service by location

Mental health services	Waikato City N = 65	Waikato Rural N = 32	Christchurch N = 49	Total N = 146
Contact made & support accepted	11%	13%	10%	11%

HEALTH SUPPORT

Throughout the review period ISR staff encouraged and supported 13% of victims to seek medical attention following family harm episodes. This is in addition to any paramedic or emergency support they might have received following the episode. Health checks involved assessments of old injuries and medication reviews to manage health issues such as asthma and epilepsy. Health visits were also arranged to discuss contraception, sleep disturbances and to address children's health needs. There is no specific mention of perpetrators receiving health supports although this need was identified for two perpetrators who didn't engage with ISR staff.

Table 27: Percentage of perpetrators and victims who received health support by location

Health support	Waikato City N = 65	Waikato Rural N = 32	Christchurch N = 49	Total N = 146
Contact made & support accepted	11%	6%	4%	8%

ACC SUPPORT

Intensive ACC support was organised by the IVS for one victim who received dental repair and nose surgery for injuries following a very serious assault. ACC financial support was also provided to pay for ongoing safe house costs and to purchase a birth certificate to enable this victim to register with a GP and to access counselling for sexual abuse.

COUNSELLING SERVICES FOR INDIVIDUALS AND COUPLES

Professional counselling services were provided to individuals dealing with the aftermath of a violent relationship, to couples requiring relationship advice, and to those dealing with historical issues such as sexual harm. Counselling was also provided to people experiencing grief and loss, e.g., loss of an unborn child. Counselling services were provided to 22% of perpetrators and 26% of victims. Counselling support was identified as a need for a further 16% of victims and 12% of perpetrators.

Counselling services were more likely to be provided to people residing in Waikato and Christchurch than in rural Waikato. As the following table shows, only 16% of those in Waikato Rural accessed a counselling service compared with 26% in Waikato City and 29% in Christchurch. Counselling services were generally provided by local non-government agencies such as Refuge, Battered Women's Trust, HAIP, CAPS, He Waka Tapu, Sharma and Shakti.

Counselling was organised by ISR staff POS, IVS or WSW, by the GP, ACC, hospital staff or Corrections. In some cases the couple had stated that they had organised counselling sessions themselves including those with religious based organisations. The following example describes the impact of counselling provided to two adult family members residing together:

> *"….both victim & perpetrator engaged well with He Waka Tapu and took up counselling supports offered to both, both state relationship good now and understand each other better, no further episodes."* (Case note from ISR case worker)

Table 28: Percentage of perpetrators and victims who received a counselling service by location

Counselling services	Waikato City N = 65	Waikato Rural N = 32	Christchurch N = 49	Total N = 146
Contact made & support accepted	26%	16%	29%	25%

WORK AND INCOME SUPPORT

Services provided by Work and Income staff included benefit reviews and special assistance grants to pay for broken windows, locks and cell phones damaged during the family harm occurrences. Special grants were also provided for medical assistance, power bill and rent arrears, rental bonds, furniture, clothing and food. In three cases Work and Income covered relocation expenses for families needing to move out of Waikato or Christchurch. Work and Income family violence co-ordinators were particularly helpful with providing assistance to these vulnerable families. This included help with transport, storage and bond payments for rental accommodation.

Budgeting advice, employment support and study assistance were also made available to victims and perpetrators as well as support with obtaining a driver's licence. Work and Income services were provided to 14% of perpetrators and 28% of victims.

As Table 29 shows, victims and perpetrators in Waikato were more likely to receive support from Work and Income. This is likely due to there being a higher proportion of benefit recipients in the sample in Waikato.

Table 29: Percentage of perpetrators and victims who received services from Work and Income by location

Work and income	Waikato City N = 65	Waikato Rural N = 32	Christchurch N = 49	Total N = 146
Contact made & support accepted	25%	28%	16%	23%

GENERAL HOUSING SUPPORT

Housing assistance was provided to 2% of perpetrators and 11% of victims. Several victims were assisted into emergency and/or longer-term accommodation following their relationship break-up. A further 6% of victims and 3% of perpetrators were waitlisted for social housing. Housing support was identified as a need for a further 15% of victims and 10% of perpetrators (some of whom were remanded in custody).

It was pleasing to see Corrections staff and POS workers anticipating the housing needs of prisoners prior to their release from prison. The suitability of bail addresses was usually considered at ISR tabled discussions.

Housing support was more likely to be provided to those residing in Waikato Rural (13%) than in Waikato City (6%) and Christchurch (6%).

Table 30: Percentage of perpetrators and victims who received housing support by location

Housing assistance	Waikato City N = 65	Waikato Rural N = 32	Christchurch N = 49	Total N = 146
Contact made & support accepted	6%	13%	6%	8%

SAFE-HOUSING

Three female victims and their children in this case review were residing long-term (for several months) in safe-housing while on a social housing waitlist. A further seven women (mainly victims) had brief stays following a family harm episode. Many more were offered refuge safe-housing but declined as they had other options. Two women were evicted from short-stay safe-housing for theft and for posing a risk to others.

We were not aware of any male perpetrators utilising the perpetrator housing services following the issue of Police Safety Orders. However, one female perpetrator did use a women's safe-house during the review period.

Table 31: Percentage of female victims or perpetrators who utilised a safe house by location

Victims Safe-housing assistance	Waikato City N = 38	Waikato Rural N = 19	Christchurch N = 27	Total N = 84
Contact made & support accepted	11%	16%	11%	12%

SAFETY ALARMS/LOCKS

Safety alarms and occasionally door and window locks were provided to 14% of victims in the sample during the review period. More victims utilised this service in Christchurch (17%) than in Waikato (13%) or Waikato Rural (10%). Other victims already had alarms in place and some had these removed during the review period as they were no longer required. Safety alarms were generally organised by Police or Women's Refuge staff. In some cases Work and Income paid for the installation and monitoring service. Many victims were offered safety alarms but declined.

Table 32: Percentage of victims who received safety alarms or security locks by location

Safety Alarms and Security Locks	Waikato City N = 39	Waikato Rural N = 20	Christchurch N = 29	Total N = 88
Contact made & support accepted	13%	10%	17%	14%

RELOCATION SUPPORT

Six victims were provided with financial and practical assistance to relocate within New Zealand. In most cases, they were returning to live with or be nearer to family members. In one case the victim asked to be moved to a new location as there was uncertainty around where and when her former partner would be relocated when released from prison. Financial assistance was provided by ISR (including flexi-fund) or Work and Income and included bus fares, flights, moving and storage costs and help with getting a bond with a new flat.

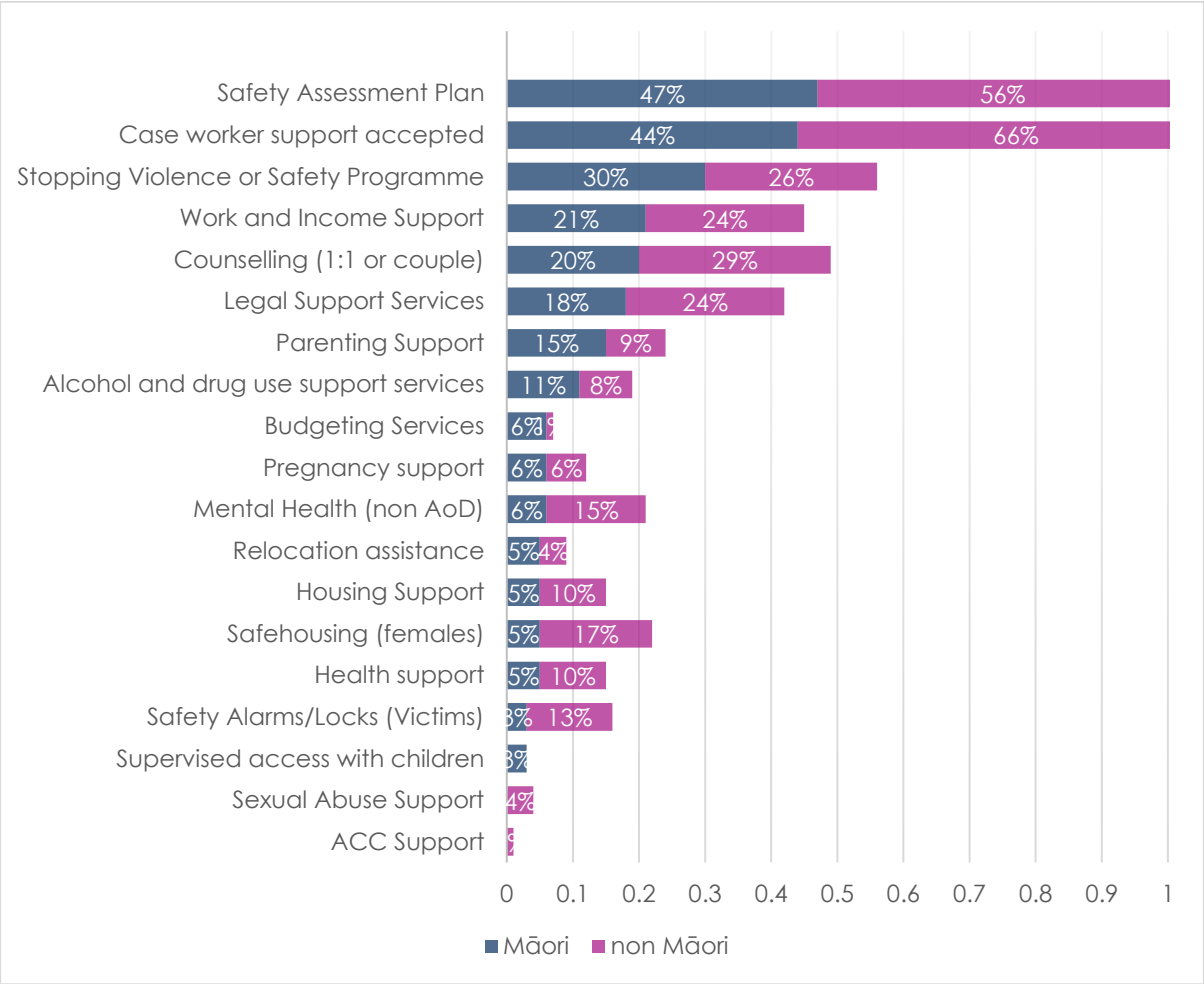
Table 33: Percentage of victims who were supported to relocate by location

Relocation Support	Waikato City N = 39	Waikato Rural N = 20	Christchurch N = 29	Total N = 88
Contact made & support accepted	8%	10%	3%	7%

THERE WERE DIFFERENCES IN THE UPTAKE OF SOME SUPPORT SERVICES FOR MĀORI COMPARED WITH NON-MĀORI

Overall At least 57% of Māori and 66% of non-Māori accessed a variety of support services: Service categories where there was less uptake by Māori included case worker support, mental health (non AoD) support, counselling, safehousing and provision of safety alarms and locks. Additional information about Māori and non-Māori referred, waitlisted or having a service need identified are presented in Appendix B.

Figure 8: Support Services provided to Māori and non-Māori



6.2 Services provided to children and youth

Overview

- Over sixty percent of the 129 family safety plans reviewed involved children, young people and/or unborn children who permanently resided with the victim or perpetrator.
- Sixteen percent of plans involved children of perpetrators and victims who resided with other caregivers such as the other biological parent, grandparent, aunt or an Oranga Tamariki appointed caregiver.
- Eighty-six (67%) plans featured children who had some involvement with Oranga Tamariki (either current or historic involvement).
- Seventeen plans referenced a parent who had supervised access to children who resided elsewhere.
- Fourteen plans referenced Family Start involvement (six were active, five had previously graduated from the programme, and three were referred during the study period but declined).
- Three plans were being considered by the Children's Team during the week review period.
- Seventeen plans referenced the ISR team advising the school of the family harm episode.

Both ISR locations are fortunate to have a local Children's Team and Oranga Tamariki site offices and staff. In addition, there are a variety of NGO's that provide programmes and services to children and parents. From a health perspective, both also have large regional hospitals and wide coverage by Plunket and LMC's (Lead Maternity Carers). Police's new "eyes wide open" approach when attending family harm episodes results in better observation and recording of the conditions of the home and subsequent impacts to safety or well-being of the family.

> *"Police noted the house was cold and dark on attendance as the power was off, so WINZ will be tasked to complete a benefit review to check entitlement and cover power arrears."* (ICM Table discussion)

> *"The house was clean and warm and the children were eating sandwiches and watching television when we arrived."* (Attending Police notes)

Likewise, Police also attempt to seek children's perspective when attending episodes.

> *"We talked separately with the 11 year old present, to see if he was ok and if he felt safe to remain with Dad tonight."* (Attending Police notes)

REPORTS OF CONCERN TO ORANGA TAMARIKI ARE SOMETIMES CLOSED AT INTAKE

There was very good oversight by Oranga Tamariki for many of the cases involving children exposed to family harm. Throughout the review period fourteen Reports of Concern were requested by either the attending Police Officers or by the ICM or SAM tables and sent to the National Contact Centre at Oranga Tamariki. Twenty-two other families had 'Open Files' with Oranga Tamariki following Reports of Concern raised prior to the review period.

Table 34: Involvement of Oranga Tamariki during the review period

Category	Number of plans
Report of Concern raised during 12 week period re episode/s (see outcomes results in below table)	14
Report of Concern raised prior to review period but file still open during the review period	22
Report of Concern advisable re episode but not submitted	4

The ISR team will normally consider submitting a Report of Concern where assigned case workers have been unable to engage with the family and concerns remain for the children. Eight of the fourteen Reports of Concern

submitted to the Oranga Tamariki National Contact Centre by ISR practitioners were closed due to not meeting the threshold for a statutory intervention. Two referenced that the matter was appropriately dealt with by Police so this was deemed sufficient. One was closed because CYRAS notes referenced that the perpetrator no longer resided with the victim – he moved back in shortly after. Another case note incorrectly suggested that the family had engaged with a kaupapa agency partner when in fact engagement was only sporadic and there was little uptake of support:

> *"..both parties engaged via ISR with kaupapa agencies, now closed."* (Response from OT staff member)

Table 35: Status of the fourteen Reports of Concern raised during the review period

Outcome	Number of plans
Report of Concern closed, did not meet threshold for intervention, noted as contact record, no further action taken	8
Report of Concern open file, investigation/interventions ongoing	6
Total	14

Despite some Reports of Concern being closed at intake, information sharing and collaboration between ISR agencies often reduced residual concern:

> *"The ROC from the last episode was closed, so we'll take the family on."*
> (Children's Team rep at ICM Table discussion between agencies)

> *"I'll go to their house today and do a welfare check on her and try talk to the teens too."*
> (Police rep at ICM Table discussion)

ISR has the option of referring to the Children's Team which generally deals with cases that are not deemed to require a statutory intervention. However, the Children's Team panel may take up to 28 days to make a decision about a referral which is considered too long a wait time for many ISR cases.[11]

The departure of a staff member from one government agency resulted in a three month delay in receiving feedback for a Report of Concern. This highlights the need for partner agencies to advise the ISR operational team when an ISR representative leaves, so that any outstanding tasks can be re-allocated.

It is important to remember that the case review sample of SAM and ICM cases is not representative of the typical numbers coming through as we have focussed on medium on high risk cases. Nonetheless it would be useful for ISR staff to receive some guidance from the National Contact Centre around the thresholds for a Report of Concern as well as clarification around processes to follow when they don't agree with the decisions that were made.

Fortunately, more supports (including play therapy and parenting support) were eventually able to be put in place for the following children after the closure of a Report of Concern at intake:

> *"The 4 year old is traumatised after his father pulled a gun to him and the nana, he is displaying increased aggressive behaviours at kindy – pushing, hitting, grabbing kids by the throat and does the same to his 2 year old brother who is also displaying regressive behaviours e.g. smears faeces, refuses to go to the toilet, sleeps with nana, overeats." (Notes from Doctor during health assessment of the children)*

NOTIFICATIONS ARE GENERALLY MADE TO HEALTH PROVIDERS AND SCHOOLS FOR HIGH AND MEDIUM RISK CASES

For high and medium risk cases schools, district health boards and GPs are generally notified of the most recent episode.

[11] The 28 day response time is currently being re-negotiated by ISR regional teams.

CONTRACTUAL RESTRICTIONS ON ENGAGEMENT CAN BE FRUSTRATING FOR FAMILIES

One high risk, complex family member stated that she would have liked to have continued to receive support from their Family Start worker but as the youngest child was now five years old, the social worker was unable to continue working with them. Family Start generally works with children under the age of three and in rare circumstances up to the age of five.

GRANDPARENTS RAISING THEIR GRANDCHILDREN NEED MORE SUPPORT

A number of cases featured grandparents raising grandchildren and while some appeared to be coping well despite the generation gap, others commented that they felt overwhelmed and unsupported.

> *"She is concerned for her daughter as the children have not seen their mother for a long time, she has no idea where her daughter is residing, or how her health is and if she's using drugs or not. The grandmother is tired and would like to have a break, hoping her daughter will come and spend time with her children, but this has not happened."* (WSW case note re grandmother caring for grandchildren)

THE CUMULATIVE EFFECTS OF HARM ARE RECOGNISED AND CONSIDERED BY ISR STAFF

In both case notes and table discussions, the cumulative effects on children of exposure to family harm and the intergenerational normalisation of behaviour were well recognised and understood by ISR staff. These factors inevitably impact the child's relationships with family members and others, both now and in the future and may shape their behaviour with future intimate partners and with their own children.

The following is one explanation for the number of family harm episodes that occurred between adult children and their parents, where past hurts, anger and guilt filter into present day dynamics:

> *"It's all good, he just lashed out at me - we had a rocky relationship in the past, so I'm trying to help him out now and finally be a good dad."* (Comment by a victim to his IVS worker)

A significant number of episodes discussed concerning behaviours by parents or adults such as fast and reckless driving with children in the car, significant impairment by alcohol or drugs while caring for children or babies, physical assaults occurring during pregnancy, while holding children or falling on them during the assault. Children were frequently in the car, home or room that the episode occurred and it was common for the adults to minimise or perhaps not recognise potential impact.

> *"The kids are fine, they slept right through it."* (Comment by Victim to IVS worker)

> *"I was feeding baby and he told me to get him a coffee, I didn't respond quickly enough so he got real mad and punched me while I was holding her."* (Comment by Victim to IVS worker)

MANY FAMILIES ALREADY HAD GOOD SUPPORT NETWORKS

For many families, the case notes suggested there were extended family, friends, colleagues or neighbours who provided support to the family and/or children.

> *"She's a single parent and is struggling with her teen's boundary pushing, but her brother is supportive and provides respite for her by having the boy stay at his every few weekends." (IVS case note)*

TWELVE PERCENT OF VICTIMS WERE PREGNANT DURING THE REVIEW PERIOD

From the case review group there were fourteen women known to be pregnant during the review period. Two miscarried their babies and all were in various stages of pregnancy, from early gestation through to giving birth

during the period. The women were aged between 19 and 36 years old and their personal circumstances and ISR's concern for their babies varied greatly.

Ten had no or low uptake of engagement or supports/services, so concern was high, while just four had good supports and service engagement in place, so concern was low. Twelve of the woman were already parents to one or more children and half already had one or more children removed and in kin or non-kin placements. Three of these twelve women had Oranga Tamariki oversight. More than half the women had gang affiliations, were known to misuse alcohol or drugs, have a history of anti-police attitude and poor engagement with services, which further compounded concern and risk levels, as the following case note suggests:

> *"Her 4 children are in OT care, they are both drug users and her partner has an intellectual disability - he told her he won't let her live without him."* (IVS case note)

Those that did engage with support workers were provided a range of support and advice from parenting programmes, alcohol and drug or mental health support, immigration advice, contraception, support with obtaining protection and parenting orders, benefit entitlement reviews and housing assistance. Others were provided with advice on how to obtain supervised access to their children in care and how to work towards getting other children returned to them. Two pregnant mothers were supported by ISR funding to relocate to other locations to enhance their safety and be closer to family supports.

> *"While he was remanded in custody for the assault, she was assisted to obtain various Orders and ISR covered the cost of the moving truck for her to get to her mum, who was happy to have her & the kids move in and would be a great support."* (IVS case note)

> *"We supported her to discuss the pregnancy with her employer regarding continuing work after baby is born and also assisted with advice on addressing her housing and immigration status when she feels ready to leave her partner."* (IVS case note)

GOOD SUPPORT PROVIDED TO CHILDREN AND YOUNG PEOPLE IDENTIFIED AS VICTIMS AND PREDOMINANT AGGRESSORS AT EPISODES

There were twelve children aged under 18 years with the role type of victim and twelve that were listed as the perpetrator at an episode/s.

Table 36: Episode characteristics where principal aggressor or victim is aged under 18 years

Episode Characteristics	Perpetrators	Victims
Intimate Partner episode	2	3
Sibling episode	1	3
Extended family member	2	1
Parent episode	7	5
Total	12	12

Of the twelve child victims, three episodes involved intimate partners, three were with their siblings, one was with an aunt and five were with parents (a mix of birth parents, step-parents and caregiver/adoptive parents). The following case notes highlight some of the child victim experiences:

> *"Her adult older brother kicked her in the face while on the couch causing her nose to bleed heavily because she'd worn his jacket without asking."* (IVS worker case note re young teen victim, whose mother describes this as sibling squabbles)

> *"Her mother stormed into the school and took her from the classroom with teachers in pursuit, Police finally located the mother and child 3 days later and returned her to the caregiver."* (ICM table discussion re a high risk plan with a child victim)

Uptake of supports/services by this group was largely positive, with most children and/or parents beginning programmes, having some/all needs met and overall well-being and safety improvements. Three remain high risk, but have good agency oversight by Ministry of Health, Ministry of Education and Oranga Tamariki, along with regular ICM reviews and ongoing engagement attempts.

> *"The 15 year old male victim had 9 episodes with his volatile 17 year old girlfriend. This has now ended and he is engaging well with a Youth Justice mentor, is attending a Rangitahi programme and enrolled with an Alternative Education provider."* (Summary of IVS case note)

The twelve family harm episodes involving child perpetrators consisted of two involving intimate partners, one altercation with a sibling, one with an aunt, one with a grandmother and seven episodes with their parents (again a mix of birth parents, step-parents and caregiver/adoptive parents). Their ages ranged from 10 to 17 years.

Ten of the twelve children had a history of family harm exposure from immediate and/or extended family and a number had begun to criminally offend, associate with gangs or use drugs and alcohol. Many were described as having mental health issues such as ADHD, ODD and Attachment Disorder and all displayed challenging behaviours their family were struggling to cope with, as these case notes suggest:

> *"The school advised his foster parents they found a list he wrote of children he would like to kill or rape."* (IVS worker case note – child referred to programme for young people with harmful sexual behaviour)

> *"His father is frequently an inpatient in psych wards, the boy uses cannabis daily, has had 8 schools in 9 years and has charges for robbing a child at knifepoint."* (IVS case note)

There was good uptake of support services for this group including family group conferences and whānau hui with most children and/or parents beginning programmes or counselling and demonstrating improved well-being and safety. Four remain high risk, but have good agency oversite by the Ministry of Health, Ministry of Education, Oranga Tamariki and in some cases Youth Justice involvement, along with regular ICM reviews and ongoing engagement attempts.

> *"the 14 year old male is receiving school counselling, his mother is attending a support group for parents who have children with mental health challenges and an NGO has provided her with some parenting strategies.*" (IVS case note)

MORE SUPPORT COULD BE CONSIDERED FOR CHILDREN EXPOSED TO FAMILY HARM

ISR is responsible for ensuring the immediate safety of families and whānau. Services are more frequently provided to adult and child victims and perpetrators but less likely to be offered to their siblings or to children who have had frequent exposure to family harm events or particularly frightening episodes.

> *"10 year old [girl] has seen GP with significant anxiety problems … and 12 year old [boy] is showing signs of distress, at his health appointment he disclosed he was scared of his 14 year old brother and Dad."* (ICM discussion re family with father and son that have significant mental health issues)

Some of these children are geographically isolated, infrequently attending school and unlikely to be receiving support from the likes of the Social Workers in Schools programme. Access to mental health, alcohol and drug and other support services can be a challenge due to limited local availability.

> *"The 6 siblings have been bought up in a family that have had a large history of family violence and criminal offending. Another sibling of the parties is currently serving a term in prison for various charges. The only member that works in the family is the mother, most of the children don't go to school or attend any courses. When asked, the children said they do not attend school as they are not welcome there. Their day in their words consists of sitting around at home and arguing. …..The single story home is not kept tidy or maintained, there is alcohol bottles and rubbish lying around the property and there are beds in almost every room of the address. Police could observe holes in walls around the address from just standing on the front porch."* (Case note from attending Police Officer)

6.3 Support services provided to high risk prison releases (and those in custody)

ISR HAD GOOD OVERSIGHT OF THE TEN HIGH RISK PRISON RELEASES

Quick Stats:

- Three did not re-offend during the post release period
- One remained in prison after proposed release date
- Two were involved in minor episodes where the victim alerted Police prior to the situation escalating
- One was involved in a verbal episode which resulted in a Police Safety Order being issued. In a subsequent episode the perpetrator was arrested
- One was issued with a Non Association Order after he verbally threatened the victim
- One was returned to prison for failing meet his parole condition to attend a mandated programme
- One perpetrator breached a non-association order

The following illustrates good case management of high risk prison releases:

> *"He was released from prison in May and bailed to his grandfather's house in another city from his ex-partner who is in a new relationship. He has been reporting to Probation as required and has not had a family harm episode with her or his family 4 months on."* (FSS case note)

> *"He was released early June and had a verbal episode with his ex-partner late June and another in July, he was charged with Breach of Protection Order. He states he wants the relationship to continue but his partner has made it clear she does not."* (FSS case note)

THERE WAS EVIDENCE OF EFFECTIVE CASE WORK BY POS WITH PEOPLE REMANDED IN CUSTODY

In some cases POS workers were able to meet with people who were remanded in custody at a prison, but not yet sentenced. In some cases a POS worker was not allocated as the person had previously declined that service. In other cases it was felt that Corrections staff had adequate oversight. Here is an example of intensive support and rapport building provided to a perpetrator by a POS case worker to address their behaviour:

> *"… he's been keeping himself fit and heathy and training most days and tries not to get involved with negative things and people in there. He's now really focused on improving his understanding of himself and applying tools he is learning in an in-house program he's doing while on remand to help understand his anger problems. We spoke about what type of support he'll need when released and he said he'd like to continue working on his anger and drug issues. He feels he could be a better father and would like to do some type of parenting program to gain good tools to help bring up his children in a heathy and safe way and become a father his children can look up to."*

The man in the example above has since been released from prison on Intensive Supervision conditions. He is receiving drug support and attending a parenting programme and has not had any further episodes. Here is a recent case note following a phone call between POS and the man:

> *"… he appreciates the support and time I've given him to really think about his life and give him direction to where he really wants to go in life. I let him know I appreciated that he was up front and honest with me the whole time I was working with him and that support is always here if he needs it in the future."*

ISR STAFF AND VICTIMS NEED TO BE KEPT INFORMED OF THE IMPENDING RELEASE OF REMAND PRISONERS

For people held on remand it was very useful for the ISR staff to be updated of any impending release dates and sentencing decisions. Many remand prisoners that chose to plead guilty could have their prison remand time considered as part of their sentence. In many cases that means they are immediately free to live in the

community after the hearing and could pose a risk to their families. There was very good planning and information sharing evident, including advice from Ministry of Justice and Corrections staff and consideration of bail conditions and address appropriateness.

Uncertainty around the release of a perpetrator who was remanded in custody for sentencing was a cause of concern for one victim:

> *"She's had to pack up her house and leave her family and friends and grandchildren. She feels a little 'at sea' and it all seems so unfair that she is the victim, yet she's the one that's had to give up everything as she doesn't know when he will be released."*

It was pleasing to see good liaison between those managing the perpetrator and those working with the victim.

> *"…he seemed elevated from the start of the call, said his future will be ruined if he has to go to court and he might as well kill himself now. Claimed that he was not guilty so should not even have to go to court … stated we can all get f----- then hung up."*
> *(POS phone conversation with perpetrator – POS then phoned IVS to explain the phone call in case she needs to inform his family of his escalated mood)*

7 SAFETY OUTCOMES AT END OF REVIEW PERIOD

In this section we look to see if the safety of people managed by ISR had improved by the end of the 12 week review period. We examine risk status changes, repeat episodes and provide an overall safety rating for each of the 129 family safety plans. Please note that the sample is largely representative of the high and medium cases managed by ISR and that eighty percent of plans remained open at the end of the review period.

ICM AND SAM REVIEW PROCESS USED TO MONITOR FAMILIES' PROGRESS

We noted that 72 of the 129 plans (56%) were reviewed at least once by the ICM or SAM table during the 12 week period including two plans that had eight ICM reviews (due to the serious nature of their continuing episodes).

ONE THIRD OF HIGH RISK PLANS WERE DE-ESCALATED TO MEDIUM RISK

It was pleasing to see that 33% of the 42 high risk plans were de-escalated to medium risk over the 12 week period (see Table 37 below). A small percentage of medium risk plans were escalated to high risk and were then managed through the Intensive Case Management team. Less than 5% of plans that were initially deemed to be low risk were escalated to medium risk as it was considered that these families required more support and oversight and that there was further risk of family harm.

The rationale for any changes in risk status must be recorded in the Family Safety System. The rationale provided for risk de-escalation included the following:

- Victim or perpetrator had good engagement with POS/IVS or WSW
- Victim engaging with services, has safety planning and safety alarm
- No imminent risk of harm to the victim
- The most recent episode was less serious than earlier episodes
- The perpetrator has been compliant with recent bail conditions and their community based sentence
- There have been no further episodes recorded since the original episode or for several weeks
- Parties are no longer in a relationship
- Victim states that they are fine
- Perpetrator is in prison and therefore there is no imminent risk of harm. New safety plan to be considered prior to release to ensure victim's safety
- Perpetrator has court proceeding and has been attending anger management programme
- No concerns for children

The reasons provided when the plan risk status was escalated included:

- That there was imminent risk of serious family harm occurring
- That the perpetrator has breached bail conditions and went to the victim's address
- The serious nature of the most recent physical assault
- Where the circumstances of the victim and perpetrator had not changed
- The rapid escalation of the most recent episode
- Concern about mental health and potential for family harm if medication is not taken
- There were concerns for children
- A parent shows a lack of understanding of the risk they pose to their own children and the impact on their wellbeing

Table 37: Risk status of plans at the end of the review period

Risk status at start of review period		Risk status at end of the review period: High N = 29	Medium N = 77	Low N = 23	Total N = 129
High	N = 42	67%	33%	0%	100%
Medium	N = 63	3%	97%	0%	100%
Low	N = 24	0%	4%	96%	100%
Total	N = 129	23%	59%	18%	100%

REDUCED FAMILY HARM FOR HIGHER RISK CASES WITH INTENSIVE CASE MANAGEMENT SUPPORT

In this section we report on the repeat episodes reported to Police during the 12 week review period. Please note that these are just those episodes that are reported to Police and that other family harm episodes may have occurred that ISR does not know about. Also, recent analysis of Police administrative data suggests that there is an increased likelihood to report family harm to Police in ISR sites.[12]

Results in Table 38 show that 31% of victims and 33% of perpetrators managed under ICM had further episodes during the review period.

Perpetrators managed by ICM who accepted support had far fewer family harm episodes than those with ICM who did not accept support or SAM cases who received support. Interestingly only two of the eleven perpetrators under ICM who accepted support had a further episode. Of the eleven, two were held in prison while the other nine were managed in the community. Results were also good for those managed by ICM who had statutory engagement with Corrections – 26% had a further episode.

These findings might suggest that the additional support and motivation provided by POS case workers is making a difference for perpetrators managed under the ICM.

[12] Mossman, E and Morris, M. (2018). *ISR phase II evaluation: Exploratory analysis of rates of repeat re-offending and re-victimisation post ISR referral*. Draft unpublished report.

Table 38: Percentage of adult victims and perpetrators who had further episodes by level of support provided

	Perpetrators		Victims	
Level of Support provided	Number	% With Further Episodes	Number	% With Further Episodes
Intensive Case Management (ICM)	**45**	**33%**	**45**	**31%**
Support accepted	11	18%	29	38%
Statutory engagement only	23	26%	1	0%
Engaged but no service uptake	3	67%	9	33%
No support able to be provided	8	63%	6	27%
Safety Assessment Meeting (SAM)	**72**	**36%**	**75**	**29%**
Support accepted	14	43%	28	29%
Statutory engagement only	25	40%	6	50%
Engaged but no service uptake	4	50%	15	60%
No support able to be provided	29	28%	26	29%
Grand Total	**117**	**35%**	**120**	**30%**

Slightly fewer repeat episodes were reported by Waikato (31%) than Christchurch (36%) overall. This difference was more apparent for those managed by the ICM table with 30% in Waikato reporting further episodes compared with 39% managed under Christchurch ICM.

Table 39: Percentage of adult victims and perpetrators who had further episodes by location and level of support provided

	Waikato		Christchurch		Total	
Level of Support provided	Number	% With Further Episodes	Number	% With Further Episodes	Number	% With Further Episodes
Intensive Case Management (ICM)	**67**	**30%**	**23**	**39%**	**90**	**32%**
Support accepted	30	33%	10	30%	40	33%
Statutory engagement only	16	19%	8	38%	24	25%
Engaged but no service uptake	9	33%	3	67%	12	42%
No support able to be provided	11	33%	2	50%	13	36%
Safety Assessment Meeting (SAM)	**89**	**31%**	**58**	**36%**	**147**	**33%**
Support accepted	20	30%	22	36%	42	33%
Statutory engagement only	25	40%	6	50%	31	42%
Engaged but no service uptake	11	27%	8	63%	19	42%
No support able to be provided	33	27%	22	18%	55	24%
Grand Total	**156**	**31%**	**81**	**36%**	**237**	**32%**

IMPROVED SAFETY RATING FOR NEARLY HALF OF ALL VICTIMS AND THEIR CHILDREN

- Safety ratings improved or greatly improved for 44% of victims by end of review period
- Nearly one third of perpetrators had improved safety outcomes
- Eight percent of victims and perpetrators' circumstances worsened by end of review period

Table 40: Final safety rating for victims and perpetrators at the end of the review period

Overall safety rating at end of review period	Explanation	Perpetrator N = 117	Victim N = 120	Total N = 137
1=Worse	• No contact/engagement able to be made • Tend to be transient • No new services/supports able to be provided • Episode pattern increases in frequency and/or severity • Safety & overall wellbeing compromised and needs unmet	9%	7%	8%
2=No Change	• Contact made & immediate decline or no contact/engagement able to be made • No new services/supports able to be provided • Episode pattern continues unchanged in frequency and/or severity • Safety & overall wellbeing unchanged, needs unmet remain	59%	49%	54%
3=Improved	• Contact made & some engagement able to be made • 1 or more services/supports provided to both including referrals, waitlists, programmes started • Episode pattern reduces in frequency and/or severity • Safety & overall wellbeing improved, some needs met	26%	29%	27%
4=Significantly Improved	• Contact made & full engagement • Multiple services/supports provided, programmes well underway/completed • Cessation of episodes or greatly reduced in frequency and/or severity • Safety & overall wellbeing greatly improved, most/all needs met	5%	15%	10%
Total		**100%**	**100%**	**100%**

Table 41 below shows that both Christchurch and Waikato City achieved similar outcomes in terms of safety ratings for families at the end of the review period. Nearly 40% of adult victims and perpetrators had improved or significantly improved safety at the end of the review period. This is a pleasing result and we are impressed to see Waikato City achieving good results considering they seem to be dealing with a far higher percentage of families with very complex needs than Christchurch.

Results were lower for families in Waikato rural where only 26% of families appeared to have improved or significantly improved their safety rating. This is not surprising given that there were far less services available for families in this rural location. As the Support Services chapter describes, rural Waikato families were less likely to receive services such as parenting support, stopping violence, safety programmes and counselling services.

Table 41: Final safety rating for victims and perpetrators at the end of the review period by location

Safety rating at end of review period	Waikato City N = 106	Waikato Rural N = 50	Christchurch N = 81	Total N = 237
1 = Worse	10%	6%	6%	8%
2 = No Change	48%	66%	54%	54%
3 = Improved	29%	16%	32%	27%
4 = Significantly Improved	12%	10%	7%	10%
Total	100%	100%	100%	100%

The following examples are typical of the cases in each of the four safety categories:

Worse (8%)

This victim was evicted from a rental property, became homeless and was sleeping in her car. The following case notes were recorded after she presented to a Work and Income office following the suspension of her benefit:

> *"She presented at site as being under the influence of drugs – she was erratic, talking to herself, lying on the desk, throwing her legs around and barely coherent. We have concerns for her current wellbeing and if the children were to return to her care given her current state." (Work and Income case note)*

Previous attempts to engage with this victim were not well received:

> *"No one should know where the f*** I live and nah I don't want any support."*

As this case note describes couples who were transient or homeless were often difficult to locate:

> *"No contact possible with victim or perpetrator despite numerous attempts by various agencies due to transience of couple who are living in their car, another 3 episodes have occurred, homelessness, finances and significant AoD use by both remain concerns."* (ICM case notes)

No Change (*54%)*

> *"Victim immediately declined support and closed the door when IVS made home visit", perpetrator remains uncontactable by POS, no supports/services able to be provided to either, unsure of status of relationship, no further episodes recently." (FSS case notes)*

Improvement (27%)

> *"Sporadic engagement with IVS, Whānau Hui held at OT and the victim and her 2 year old have now moved in with her mum as agreed in Plan, Perpetrator remains uncontactable by POS but no new episodes."* (FSS case note)

Significant Improvement (10%)

> *"Good engagement and uptake of supports by both the victim and perpetrator, she was assisted to relocate to another city to be near her family, he is attending a Stopping Violence Programme and has been assessed for AoD treatment. Couple have ended their relationship, Protection Order and Parenting Order in place, no new episodes."* (FSS case note)

> *"IVS arranged a meeting between victim and perpetrator as he wanted to apologise and explain his actions. This went well for both, providing closure regarding what happened and for the end of their relationship. Both parties are now focused on their own well-being and that of their children and no further episodes have occurred."* (FSS case note)

"She's very grateful for the support as she's been through this before and without this support she would never be where she is now. She said it's such a wonderful feeling to be happy, confident and independent to move on by herself with her sons. IVS commended her for what she's done and encouraged her to continue engagement with the NGO services she now has in place." (comment by victim to IVS worker)

"There has been great engagement by both parties – the children are doing a Barnardos programme. She has joined a women's group and is attending counselling - he is now employed post-release from custody, has done a parenting programme and is having supervised visits with his children. There have been no further episodes." (Plan lead summary)

RELATIONSHIP STATUS AT END OF REVIEW PERIOD FOR PARTNERS AND EX-PARTNERS EXPERIENCING FAMILY HARM

At the end of the review period, 31% percent of perpetrators and 25% of victims stated that they were continuing their relationship while another 36% of victims decided to separate. Several victims found new partners or resumed relationships with former partners during the review period. Some experienced new family harm episodes with their new partners.

For some cases there was a mismatch between how each party viewed the relationship - she says it's over while he thinks it's continuing. This would sometimes occur when the perpetrator was remanded in custody with limited contact with the other party. Victims were more likely to state that the relationship had ended than perpetrators. Another 21% appeared to be in intermittent relationships (technically separated but clearly spending time together).

Table 42: Relationship status of adult partners and ex-partners at end of review period

Relationship Status	Perpetrator N=80	Victim N=80	Total N = 160
Continuing	31%	25%	28%
Ended	26%	36%	31%
Intermittent	23%	20%	21%
Unknown	20%	19%	20%
Total	100%	100%	100%

8 CASE STUDIES

8.1 Introduction

Interviews were conducted with seven adults who were associated with the 129 families and whānau who were the subject of this 12-week case review.[13] The aim of these interviews was to capture the voice and experiences of those experiencing ISR and provide real life case examples of those referred through ISR.

Of the seven adults interviewed:[14]

- six were female and one was male.
- four identified as Māori, two as NZ European and one as "Other" ethnicity.
- five had experienced violence (four were primary victims and one was the grandmother of a primary victim) and two had used violence.
- six had been referred to ISR via a Police callout and one was referred to ISR immediately prior to their release from prison.
- when first assessed by ISR, four were assessed as high risk, two as medium risk and one as low risk.

The assessed risk level is important as it determines the type and intensity of support allocated to those interviewed. While support received will vary case by case depending on the individual characteristics of risk and needs, and will depend on what other supports are already in place through statutory agencies, the following are general guidelines:

- A 'high' risk case can be allocated either an Independent Victim Specialist (IVS) or a Perpetrator Outreach Support (POS), with an average of 40 hours of support being available over 12 weeks.
- A 'medium' risk case can be allocated a whānau support worker (WSW), with an average of four hours of engagement available over six weeks.
- A 'low' risk case receives a low risk response (LRR) of around 1.25 hours of engagement, where engagement includes initial phone contact, the provision of information as required, and a follow-up phone call after 6 weeks.

Support workers associated with the seven cases were interviewed with the family and whānau's consent.

- Three IVS, one POS and one local NGO support worker were interviewed in connection with the four high risk cases.
- One WSW and one probation officer were interviewed in connection with the two medium risk cases.
- One LRR support worker was interviewed in connection with the one low risk case.

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[13] Cases for interview were purposefully selected based on family and whānau willingness and appropriateness to participate (i.e. those with sufficient experience of the pilot to be able to comment meaningfully on their experience, for the relationship leading to the violence to no-longer be considered in crisis and those to be interviewed not likely to find talking to evaluators too stressful/uncomfortable). All cases came from the 12-week sample and could be closed or still open. Selection prioritised safety and well-being factors, but also attempted to represent the range of ISR responses identified through the 12-week case review. ISR support workers made the initial approach to families and whānau to gain their consent to be contacted by evaluators.

[14] Eight case studies were initially completed from the sample of 129, but details of one case were not included as they were located outside of the ISR area and therefore had not been able to receive the typical ISR support (it was their ex-partner that was located in the ISR area).

8.2 The needs of clients are often challenging and complex

The families and whānau referred to ISR typically have a range of challenging and complex needs that either contributed to the violence or were impacting on the ability of family and whānau members to achieve longer term safety and well-being. All valued the support provided through ISR; for one it was the first time she had accepted support after years of experiencing family violence; for another the uptake of ISR support occurred for the first time when offered face-to-face by someone they could relate to; and for others another family harm episode had triggered a referral and renewed on-going support.

Risk and need assessments and safety planning had occurred in all cases (the intended aims of ISR), ranging from detailed safety planning in the home, installing alarms, informing schools, to physically re-locating the person at risk. Active monitoring of risks to safety with appropriate responses as needed was also evident. However, in most cases it was clear longer-term support beyond the ISR crisis response would be needed to achieve sustainable safety and well-being for these families and whānau. Some of the complexity and challenges associated with the seven cases combined are highlighted below before each case is introduced:

- In all cases the family harm episode that resulted in the current ISR referral was part of an on-going pattern of family harm and for most this had spanned many years. Family violence was an inter-generational issue for at least four cases.
- For five cases it was the first time a family harm episode had resulted in a referral to ISR.
- Five cases involved intimate partner violence, the relationship had ended in three cases, and was ongoing (or intending to be ongoing) in three. All involved physical violence including attempted strangulation in two.
- Six out of the seven cases involved significant issues with either drugs or alcohol and/or mental health concerns including intellectual impairment. At least four cases were still suffering from the effects of previous trauma, and four had suicide or self-harm attempts referenced on file.
- Four had significant housing/accommodation issues that needed addressing, including one family recently living in a shipping container.
- Five out of seven were not in current employment.
- Two cases involved unborn children. Child custody and/or access issues were relevant for four cases. There were young children (including those yet born) involved in all but one cases, but were living in the home in only one case.
- Agencies tasked ranged from three to nine, Oranga Tamariki were actively involved in four cases; and Department of Corrections in two.
- Five cases had current criminal justice matters, four cases had Protection Orders already in place, with a further two being considered. At least four had prior criminal justice histories.

A brief summary of the background and key features of each case follows:

CASE A (HIGH RISK – IVS ALLOCATED)

A mother recalled how, for over 10 years, she had been trying to cope with her son's challenging behaviour. She felt torn between supporting her son and keeping her family and herself safe. The son had mental health and alcohol/drug issues and had made several attempts on his life. Increasingly his behaviour was becoming more physically violent towards family members. He had also been emotionally abusive, demanding money from her to support his lifestyle.

The Police had been called out to their home on many occasions because of the son's assaults on family members. In one such episode he had broken his mother's nose.

His mother had tried to get help but by her account until now her cries had fallen on deaf ears.

> "*You know we'd been years coping with this, trying to get help, trying to get something and not getting anywhere, [our cries] falling on deaf ears, people not interested or not listening."* (mother of adult son using violence)

In one recent Police call-out the son, armed with a weapon, had threatened to kill his mother and her partner and had physically assaulted her partner. The matter was before the court at the time the mother spoke with an evaluator.

The same week the son had attempted to strangle his adult sister and to kill himself.

Around this time his mother had been "absolutely desperate" for help. According to her, while her son had accessed some help from mental health services these services had been reluctant to help her son further. His engagement with other community support services had been sporadic.

When the mother reported the son's attempted strangulation of her daughter the case was referred to ISR. The case was assessed as high risk and an IVS was allocated to support the mother.

Six episodes of family violence had occurred during the following 12 weeks of ISR support. At the 12-week mark, the case remained open as high risk. Her son was resistant to attending stopping violence programmes and was not currently receiving support for his related mental health needs and drug and alcohol issues.

CASE B (HIGH RISK – IVS ALLOCATED)

The woman interviewed by the evaluator is a relatively new immigrant to New Zealand. She had sold up everything to come to New Zealand with her husband, also a new immigrant from the same country. Before immigrating, they had entered into an arranged marriage. Her New Zealand visa is attached to his visa (partner-based work visa).

Since their arrival in New Zealand her husband had frequently beaten her and at least once attempted to strangle her. He'd been unfaithful, having at least two relationships with other women. One of the women worked at the same workplace as she did and this caused her considerable embarrassment.

She had little family support back in her country of birth. Her husband's family was not supportive of her either and blamed her for their marriage difficulties.

She had given her husband a second chance and become pregnant to him. She continued to share the house with him and help pay the bills. She didn't want to cause a ruction for fear of jeopardising her visa status (tied to his) and/or her ability to stay in New Zealand.

With the help of a community provider specialising in supporting ethnic and migrant women she had reported her husband's violent behaviour to Police. This had resulted in her case being referred to ISR. The case was assessed as high risk and she was allocated an IVS from a local women's refuge to support her to keep safe.

One further episode of partner violence had occurred during the following 12 weeks of ISR support. At the 12-week mark, the case remained open but with the risk reduced from high to medium. The women's baby was due in next few days.

CASE C (HIGH RISK – IVS ALLOCATED)

The woman interviewed by an evaluator had been beaten by her ex-partner on several occasions. She is a recovering alcoholic. Her ex-partner and she used to drink alcohol together and this had made the violence worse. On the last occasion they had both been drunk and he had become angry and grabbed her by the hair and punched her in the head resulting in her becoming concussed.

The woman has two children and her ex-partner has three (not with the woman interviewed). The youngest two children are aged under 10. She thought that while these two children hadn't witnessed the violence perpetrated

by her ex-partner (who is not the father of her children), they were aware of it. They had seen her with a black eye and bruised arms.

The Police had been called out to her home on a number of times because of violent episodes with her ex-partner. Her case had been referred to ISR more than once. In relation to the most recent episode, her case had been assessed as high risk and she had been allocated an IVS from a specialist family violence agency and her ex-partner was receiving perpetrator outreach specialist (POS) support.

One further episode of partner violence had occurred during the following 12 weeks of ISR support. At the 12-week mark, the case remained open as high risk.

CASE D (HIGH RISK – POS ALLOCATED)

A tāne in his 20s told an evaluator how he hadn't been happy throughout his adult life even when he'd been in paid mahi. He had behaved violently in a domestic situation. He also had a problem with methamphetamine use.

He hadn't necessarily been able to connect with the support agencies he'd been put in contact with in the past.

> *"No disrespect to them or anything … I didn't connect. I wasn't connecting… It was like tick the boxes … It was a template almost, you know."*

He hadn't trusted people in these agencies either.

> *"I didn't tell them nothing. I just lied about everything."*

He'd started at least one course to address his drug problem but it hadn't worked, in part, because the course had been community-based.

> *"My problem is … I come to a course … and then I go straight back into the environment and then I'm doing the same thing."*

He was living separately from the mother of his daughter. More recently he hadn't been in work.

Following a referral by Police to ISR and risk assessment around the SAM and ICM tables he was assigned a POS to work with him. His ex-partner was also receiving support from an IVS through the same kaupapa Māori agency.

Five further episodes of partner violence had occurred during the following 12 weeks of ISR support. At the 12-week mark, the case remained open but as medium risk. He remained positively engaged with the kaupapa Māori agency.

> *"Communication is what I've found is the biggest breakdown … They should've just told me straight out that they were taking him back to court, regardless of what I said. I probably would've dealt with things a little bit better. By the time they sent me off to [X] my wheels were completely falling off."*

> *"Just the communication was so poor. If they'd spoken to me and been straight up with me in the start of it, it would've been probably a little bit easier to process and deal with, and may be plan a little bit."*

Even though the victim lived outside an ISR region, ISR facilitated her temporary relocation to another area.

At the 12-week mark, the ex-partner remained in custody and the case had been closed.

CASE E (MEDIUM RISK – WHĀNAU SUPPORT WORKER ALLOCATED)

At the time of the interview a wahine in her 30s was living with her partner of eight years and three teenage members of her whānau. She had not long learned she was pregnant.

She had four children of her own but due to the involvement of Oranga Tamariki they were living away from her with other members of her whānau.

Money was tight. She'd had housing issues and been transient. When she first moved to the area she had been *"pretty much homeless"* and had been living in a shipping container with her partner.

Social services had supported her over the years. "I'd been through the system so many times and all these social workers that I just believed were there to help me until I didn't need help anymore."

She had been in violent long-term relationships with at least two men, including her current partner. She suffered from post-traumatic stress disorder. As she said *"If I get a trigger or [a partner] just says something out of place my head's like a video player and … the whole thing or something relevant plays … [This] can make me upset or aggressive."*

She believed her *"vicious mouth"* had contributed to her current partner being physically violent towards her. She had a protection order against him and had enforced it fairly recently when he had assaulted her.

Another family harm episode had brought her case to the attention of ISR and the SAM table had assessed it as medium risk. An ISR whānau support worker in a rural NGO was assigned to support her. Other support workers in the same NGO (or linked to it) were helping other members of her whānau, including her partner.

When her whānau support worker had first tried to engage with the wahine, she had not been that interested. *"I don't think I actually followed up many of the appointments."* (She'd had some prior contact with the NGO, mostly about matters other than family violence, but not with the ISR whānau support worker specifically.)

At the time of the interview, she'd been in contact with her whānau support worker for about seven months. This length of time was unusual given, *"I don't trust many people. I don't usually last with people more than three months."* The contact had been more frequent – about weekly – more recently.

She found it refreshing that her whānau support worker hadn't insisted she have a goal. What had been different this time too was the "s*teady amount of support instead of just the hard and fast hits to fix the problem"* she had received.

Four further episodes of partner violence had occurred during the following 12 weeks of ISR support. At the 12-week mark, the case remained open at the same medium risk level.

CASE F (MEDIUM RISK – STATUTORY CARE THROUGH PROBATION SERVICE)

The woman interviewed had served three years in prison for causing grievous bodily harm to her partner. She said she had stabbed him when he had tried to choke her.

The Police had been called out several times to their home for family harm episodes over the years. She'd had an alcohol addiction that may or may not have contributed to the family harm episode that resulted in her most recent imprisonment.

> *"I'd spent so long drinking … Every day I'd wake up and that was the first thing I'd do before going to the bathroom or having a shower. I didn't get out of bed without having a drink … I'd drink all day and all night … There was just no off switch. My alcoholism was quite extreme."*

Near the time of her impending release from prison, Corrections had assessed her as high risk. She had been released with 13 conditions (including the wearing of a bracelet and living in supported accommodation).

Her case was referred to ISR just prior to her release from prison and the SAM table assessed her case as medium risk. She had a probation officer supporting her and was assessed as not needing additional ISR support (i.e. a POS or whānau support worker).

At the 12-week mark, the case remained open at the same medium risk level. Her most pressing concern was to find permanent accommodation.

CASE G (LOW RISK – LOW RISK RESPONSE)

A grandmother recalled how for over two years she'd been providing live-in support for her granddaughter and her young great-grandson to stay safe from her granddaughter's ex-partner (referred to from here on as the 'Ex').

About two months prior to the interview with an evaluator the three of them had moved house to locate further away from the Ex. Another family member had helped them move. Nevertheless, it had taken a toll on the grandmother's health. Two weeks after moving, the grandmother had had another heart attack requiring further surgery.

Her granddaughter had not had a good start in life. Her father had deserted her at age four, and her mother had not been a good caregiver. She had suffered neglect and truanted primary school.

Her granddaughter and her granddaughter's ex-partner have intellectual disabilities. Both had had contact with Oranga Tamariki at one time or another. They had initially lived together at the granddaughter's mother's place. During that time, the granddaughter's then partner had assaulted her mother and he had physically hurt the granddaughter. The granddaughter had become pregnant at age 14 and separated from him when their son was born.

The three family members (grandmother, granddaughter and great grandson) had needed to take out a protection order against him as a safety measure.

The Ex had twice been charged with breaching the protection order and had made numerous false allegations to Police and Oranga Tamariki (OT) of the grandmother or granddaughter having abused his son. The son has a physical disability.

At the time of the interview with the grandmother, the granddaughter (then 18) was attending school and accessing counselling services and her great grandson was attending a childcare facility. The grandmother had just received notification of her being granted custody of her great grandson.

The case came to ISR's attention through the Ex having again breached the protection order. The case was assessed as low risk (the equivalent of an average of 1.25 hours funded support) delivered by a support worker from a non-specialist FV agency.

Four further episodes of family violence had occurred during the following 12 weeks of ISR support. At the 12-week mark, the case remained open at the same low risk level.

8.3 What worked well, what didn't work so well, and service improvements

This section outlines what interviewees - those referred to ISR and their case workers - felt had worked well for them, what had not worked so well, and any unmet needs and/or ideas they had for how things could be improved.

WHAT WORKED WELL

ISR CASE WORKER INITIATED FACE-TO-FACE CONTACT CAN MAKE A POSITIVE DIFFERENCE TO WHETHER OR NOT THE PERSON ENGAGES

Assertive outreach by ISR case workers is working well. Some of those referred to ISR were unlikely to have initiated accessing support to address family violence and had been grateful for their case workers' persistence in trying to make contact with them.

Face-to-face contact by an ISR case worker had made the difference as to whether or not some of those affected by family violence actually engaged with support services. For example, a male perpetrator recalled how he had fobbed off a provider's approaches until a POS case worker had actually turned up on his doorstep.

> *"When he showed up to my house … it was different … I felt more like they want to help me … I guess."*

The POS case worker recalled how after various attempts to make contact he had come close to giving up. Fortunately, he had decided to give it one last shot. As he said:

> *"that kind of shows you can never try and contact someone enough times." (*POS)

In another example, a mother expressed surprise, when she was contacted, over the notion of ever contacting an agency herself for support.

> *I didn't even think about [specialist family violence agency] … so I was quite surprised that [IVS] called me – [and] I'm grateful.*

THE ABILITY TO CONTACT THEIR ISR CASE WORKER WHENEVER THEY NEEDED

For some of those referred to ISR (for example, Case A and Case C), the security of knowing they could contact their ISR case worker whenever they needed to and knowing that the ISR case worker would respond was more valuable than frequent contact at other times.

One female victim recalled how an IVS case worker who had called in to see her at home had served to reassure her that help was just a phone call away.

> *"[The IVS worker] was actually very open to say that …I could call her at any time."*

CARING, SENSITIVE AND KNOWLEDGEABLE ISR CASE WORKERS WHO ARE EASY TO RELATE TO, AND ARE GOOD COMMUNICATORS

What works well for those referred to ISR included support being offered by "like-minded" case workers, who come across as genuine and caring, and use easy to understand language. For example:

> "*Her attitude was good and she was like 'I'm not here to cause harm. I'm here to help' … She was very onto it."* (about a Police officer)

> *"You kind of feel then that you're not just somebody on the file. You're actually a person … you do actually feel that, you know, you are cared for rather than just, you know, ticking a box and everything else so that was nice."* (about an IVS worker)

> *"I can say what I want to say … not try and make things sound better than what they are actually … be honest."* (about a POS worker)

Some of those referred to ISR had also appreciated having a case worker of similar lived experience. Such a case worker could be easier to relate to.

Case workers need to take a particularly sensitive approach to responding to those using violence who have mental health concerns to avoid an escalation and making things worse.

Some of those referred to ISR were especially appreciative of case workers who had also linked them into other social support. For example, a female victim reflected:

> *"When I moved in here, I had a mattress. My house is fully furnished and that's from her too, getting certain people to help us with food, with furniture, with St Vincent de Paul, and WINZ too."* (re her whānau support worker)

AN ISR CASE WORKER CAREFULLY CHOOSING A VENUE FOR THE FIRST MEETING WITH THE PERSON REFERRED TO ISR

Arranging for an ISR referred person to meet for a first time with a case worker in a relaxed environment outside the home proved helpful for some. For example, an initial meeting at a café had helped a male perpetrator to engage with his POS case worker.

AN ASSESSMENT PROCESS THAT ASSISTS THE DEVELOPMENT AND IMPLEMENTATION OF A PERSONALISED SAFETY PLAN

The assessment process undertaken by the case worker plays an important part in the development of personalised safety plans for those referred to ISR who have been harmed by violence. For example, an assessment process which had included the asking of some really pertinent questions had helped a mother to acknowledge the extreme risk of violence her son posed to herself and some family members. This, in turn, helped inform the development and implementation of a safety plan that included the identification of a safe place within the home (a bedroom with a lock on the door) and the use of an 'SOS' text message as code for the family member receiving the text message to call the police.

A WHĀNAU-CENTRED APPROACH IS EMPOWERING

A whānau-centred approach works well to support those affected by family violence. Those supported by ISR case workers who used a whānau-centred approach reported feeling empowered to make their own choices and problem solve solutions. For example, a female victim said:

> *"[My ISR support worker] laid all my options out on the table. … I've sat there crying and worked it out for myself and what I want to do … She doesn't put the answer in my hand and say 'this is what you must do' like a lot of people … Giving us options is some way we can actually care for ourselves."* (Case E)

'MORE EYES' ON THOSE USING VIOLENCE

In a couple of cases having 'more eyes' on those using the violence had had positive effects for those who had been harmed. For example, a recent immigrant told of how her partner's physical violence towards her had stopped since the authorities had been notified of his history of violence and Women's Refuge had been making weekly home visits. She thought this had made her partner scared that he might jeopardise his right to stay in New Zealand.

> *"since then he doesn't beat me … He's still frustrating me but he doesn't beat me … He's scared of putting my things outside now the way he wanted to because of Women's Refuge. He's scared that they might come and see him doing that and maybe get him arrested."*

From a case worker perspective, the information exchanged at the initial ISR roundtable meeting (SAM and ICM) about the cases/people they are assigned to support works well. Prior to ISR, case workers would have met with their clients 'cold'. The background information they now obtain via the roundtables helps ensure they have a common understanding of their clients' needs, saves time and reduces the need for clients to re-tell their experience (and reduce re-victimisation).

For example, an IVS support worker relayed how it had been very helpful to have known of a son's long-standing mental health issues and of him causing family violence (including to his ex-girlfriend) prior to meeting with her client. She then had used her client's identification of her son's episodic use of physical violence (from the attending Police Officer's report) to inform the development of the subsequent safety plan.

AN ISR-SPECIFIC DATABASE ENABLED ISR SUPPORT WORKERS TO DEVELOP A COMMON UNDERSTANDING

The Family Safety System was viewed positively in that it enabled all support workers involved in a case to access the same information and develop a common understanding of the background to a case. For example, a POS case worker observed:

> *"there was quite a lot of information there – background and stuff. It was good to know. It was almost like a different person [they were describing] … It was good to have that background."*(POS)

Access to information in FSS that was being regularly updated was also seen as a factor which enhanced timely safety responses. For example, an IVS explained how she used this updated information to alert a high-risk victim to a heightened risk of violence.

OFFERING SUPPORT SERVICES TO ISR-REFERRED PERSONS THAT ARE CULTURALLY APPROPRIATE

The case studies didn't explore in any depth the extent to which the support offered to those using violence was culturally appropriate. However, a POS case worker was of the view that courses with a Māori kaupapa element were likely to be more effective for some Māori men using violence.

> *"Having that Māori kaupapa element … brings him back to [who he was] brought up with – aunties or kuia – [and] respect. "* (POS case worker)

OPPORTUNITES FOR IMPROVEMENT

AGENCY REPRESENTATIVES AT THE SAM AND ICM MEETINGS COULD BETTER COMMUNICATE INFORMATION TO FRONTLINE STAFF ABOUT CASES THEY HAD IN COMMON

There was some evidence that communications could be improved between agency representatives around the SAM and ICM tables and their frontline staff about cases (perpetrators) they had in common. For example, it was the view of a probation officer that sometimes there could be some communication lost between them. She explained:

> *"There's a collective group saying … 'you need to do A, B, C and D' …. and there's actually more stuff going on that they may not realise … [We're] seeing the offender on a day-to-day basis … That group of people [ISR] not knowing that conversation is going on …what work [we're] doing with that offender …. So, that gets missed …"* (probation officer)

CLARIFICATION OF BOUNDARIES BETWEEN ISR SPECIALISTS AND OTHER SUPPORT WORKER(S)

One case illustrated that there could be better clarification of boundaries between a specialist ISR case worker and other support worker(s) who have a pre-existing relationship with a client. According to a whānau support worker interviewed, the IVS had been unsure as to why she had been tasked when most of the support was being provided by the whānau support worker and her client's lawyer. The whānau support worker had also questioned the need for the IVS.

> *"We've done everything. Now why is the IVS involved? If IVS is involved what are they going to do now? … Can they hurry up the process with immigration? Can they hurry up the process for her to get a house, which was a priority? But that is not their role … I don't think they will do that … If the IVS is just to secure her safety, I've done that. She's safe."* (whānau support worker)

This had left her wondering more broadly what the IVS's role was, and what the boundaries were between the IVS and whānau support worker roles. She would also welcome further training about the roles of agency partners within ISR.

INSTANCE OF THE POLICE NOT BEING SUFFICIENTLY FAMILIAR WITH HOW TO RESPOND TO A PERSON ACTIVATING THEIR SAFETY PLAN

In one case the effectiveness of a potentially useful safety tool (e.g. use of an SOS text alert system) had been hampered by insufficient communication around its use with Police.

> *"[Her daughter] said each time she phoned [Police] she had to go through and explain the whole thing over and over. So, [the daughter] said that didn't kind of work."*

ISR CASE WORKERS MAY NEED FURTHER TRAINING ON THE IMPACT OF TRAUMA ON THOSE HARMED BY VIOLENCE

One woman harmed by violence suffered from post-traumatic stress disorder. She thought ISR support workers needed to give people like her space to consider options since when they experience an episode of family harm they aren't in the best place to make a quick decision.

PROVIDE ACCESS TO SERVICES FOR FAMILY MEMBERS EXPOSED TO VIOLENCE

The case studies suggest that family members, including children, who may have been exposed to violence need easier access to support services to address the violence. For example, a woman expressed concern about the lack of support for her male partner who had been assaulted by her son. To quote her:

> *"my partner feels absolutely unsupported, completely unsupported. He's changed … He's become angry, irritable, depressed. … He's giving up."*

In another case two children aged under ten who had seen the results of physical harm inflicted on their mother had not accessed any support.

MORE SOCIAL SERVICE SUPPORT FOR THOSE HARMED BY VIOLENCE TO KEEP SAFE

A grandmother and her granddaughter had sought assistance to move out of the area away from the Ex but the help had not been forthcoming.

> *"I'd asked them to do a letter for me to hurry up the transfer but it never came."*

More support to access security lighting would have helped the same family. She had hoped that the ISR whānau support worker could have helped her in a brokerage role to put pressure on Housing NZ to provide it but as far as could be ascertained the security lighting had still not been installed at the time of the interview.

MATCHING THE SEX OF THE ISR CASE WORKER TO THE SEX OF THE PERSON REFERRED TO ISR

One participant suggested that women and men might benefit more from having case workers of their own sex or being supported by organisations oriented to their own sex.

8.4 Service improvements to the wider system

Some suggestions for improvement were beyond the 12-week short-term safety focus of ISR and related more to wider system changes.

EASIER ACCESS TO COUNSELLING SERVICES IN THE LONGER TERM FOR THOSE HARMED BY VIOLENCE TO ADDRESS OTHER UNRESOLVED ISSUES

Some of those directly harmed by a partner or ex-partner also had some unmet needs for individual or group counselling. In the case of one woman, she hadn't mentioned this to her IVS worker because she thought she only dealt with *"the violence side"*. This suggests the need for the case worker to fully explain her role, and possibly to explain this more than once.

And some of those referred to ISR expressed concern for unmet needs for longer-term counselling services for their family member using the violence.

A LACK OF A FAMILY THERAPY SERVICES FOR FAMILIES EXPERIENCING VIOLENCE

Family therapy is a gap in ISR's current service offering. An IVS case worker specifically identified this as a gap in the case of a client mother and her adult son who used violence. The case worker was of the view that

this form of therapy could be an adult version of multisystemic[15] therapy or a residential programme and could possibly be reserved for particularly difficult cases where the perpetrator was not willing to engage in other services. A female who had been imprisoned for using violence against her then partner concurred with a need for family therapy saying:

> *"Get in there with families … Get in amongst it all. Get your boots muddy and sort it out … because people do want to change but they don't know how to change."*

EASIER ACCESS TO MENTAL HEALTH AND/OR SUPPORT FOR ALCOHOL AND DRUG ISSUES FOR SOME USING VIOLENCE

Some of the case studies also serve to highlight a lack of, or poor access to mental health and/or support for alcohol and drug issues for some using violence. For example, a female who had been imprisoned for using violence against her then partner had not been able to access to a mental health community worker on release.

> *"there's no community health worker. There's no one I can ring if I'm having a bad hair day. They've put me in contact with nobody."*

Instead, she had been put on an unsuitable course for people wanting to stop drug or alcohol use. As she said: *"I'm in the wrong class. I'm past that. I've made up my mind."* She would have preferred to attend AA classes but these classes were in the evening and she needed transport to get there. *"I discovered, well, without transport I'm kind of buggered."*

In another case a mother told of her son who was using violent behaviour but couldn't access any counselling while he awaited the outcome of a family violence-related court case other than possibly from a non-violence programme provider (which he didn't necessarily want and there was a wait time until his first assessment).

LONGER TERM SUPPORT FOR THOSE BEING HARMED BY AND USING VIOLENCE

Whilst ISR is designed as a short-term safety response, the feelings of safety of some families and whānau is dependent on those using the violence being able to access and engage with the help they need in the longer term whatever help that might be.

In the case above it was clear that the family's wellbeing could not be restored until the son's mental health disorder was treated effectively, and he better engaged with mental health and non-violence services. It was thought that more than 12 weeks support was needed for this to happen.

> *"Twelve weeks is not going to do it, no. I mean we're four months down the track and I guess we've done our groundwork."* (IVS support worker)

SUPPORT FOR THOSE HARMED BY VIOLENCE TO ADDRESS OTHER ISSUES

More 'hands on' help with immigration matters would have reduced the stress for an immigrant woman harmed by her husband's violence. As she said:

> *"Everything boils down to my visa is attached to his visa."* [16]

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15 Multisystemic therapy is a community-based programme which helps families/whānau manage very challenging behaviour such as truancy, drug use, offending, absconding, anti-social behaviour, criminal offending, self-harm, non-compliance, school refusal and the impact of a young person's mental health on family dynamics.

16 An NGO provider had assisted the woman in this case who had experienced violence to secure a temporary work visa.

LONGER TERM SUPPORT WITH OTHER ISSUES FOR THOSE BEING HARMED BY AND USING VIOLENCE

Whilst some needs identified would be outside the scope of the short-term ISR support services, they are valid needs that a fully resourced broader family violence response system needs to consider to ensure greater long-term well-being. Housing was a pressing issue for two of the seven cases. Poverty was another issue identified.

Appendix A – Support services for perpetrators and victims

Service Category	Status	Perpetrators		Victims	
		N = 58	%	N = 88	%
Safety Assessment Plan	Support Received	11	19%	65	74%
	Referred				
	Need Identified	14	24%	20	26%
Case worker support provided	Support Received	25	43%	57	65%
Stopping Violence or Safety Programme	Support Received	22	38%	19	22%
	Referred/ Waitlisted	7	12%	3	3%
	Need Identified	8	14%	13	15%
Counselling 1:1 or couple	Support Received	13	22%	23	26%
	Referred	2	3%	4	5%
	Need Identified	5	9%	10	11%
Work and Income Support	Support Received	8	14%	25	28%
	Referred/Waitlisted	1	2%	6	7%
	Need Identified	3	5%	6	7%
Legal Support Services	Support Received	2	3%	29	33%
	Referred	1	2%		0%
	Need Identified	3	5%	9	10%
Parenting Support	Support Received	2	3%	15	17%
	Referred/Waitlisted	1	2%	6	7%
	Need Identified	4	7%	8	9%
Pregnancy Support (females only)	Support Received			5	6%
	Referred/Waitlisted			1	1%
	Need Identified			3	4%
Mental Health non-alcohol and drug support	Support Received	9	16%	7	8%
	Referred/Waitlisted	5	9%	2	2%
	Need Identified	9	16%	10	11%
Alcohol and drug use support services	Support Received	9	16%	4	5%
	Referred/Waitlisted	7	12%	1	1%
	Need Identified	23	40%	22	25%

Safety Alarms and Security Locks	Support Received			12	14%
	Need Identified			8	9%
Safe-housing (females)	Support Received	1	20%	9	11%
	Need Identified			2	3%
Housing Support	Support Received	1	2%	10	11%
	Referred/Waitlisted	2	3%	5	6%
	Need Identified	6	10%	13	15%
Health support	Support Received			11	13%
	Need Identified	3	5%	3	3%
Budgeting Services	Support Received			5	6%
	Referred/Waitlisted	1	2%		
	Need Identified	3	5%	7	8%
Relocation assistance	Support Received			6	7%
	Need Identified			2	2%
Sexual Abuse Support	Support Received			3	3%
	Need Identified			3	3%
ACC Support	Support Received			1	1%
	Referred			1	1%
	Need Identified	1	2%	2	2%
3rd party supervised access to children	In place and utilised	1	2%	1	1%
	Referred				
	Need Identified				

Appendix B – Support services by ethnicity (Māori and non-Māori)

Service Category	Status	Māori		Non-Māori	
		N = 66	%	N = 80	%
Safety Assessment Plan	Support Received	31	47%	45	56%
	Referred/ Waitlisted	11	17%	19	24%
	Need Identified	3	5%	1	1%
Case worker support provided	Support Received	29	44%	53	66%
Stopping Violence or Safety Programme	Support Received	20	30%	21	26%
	Referred/ Waitlisted	4	6%	6	8%
	Need Identified	14	21%	7	9%
Counselling 1:1 or couple	Support Received	13	20%	23	29%
	Referred	3	5%	3	4%
	Need Identified	7	11%	8	10%
Work and Income Support	Support Received	14	21%	19	24%
	Referred/Waitlisted	4	6%	3	4%
	Need Identified	4	6%	5	6%
Legal Support Services	Support Received	12	18%	19	24%
	Referred	1	2%		
	Need Identified	3	5%	9	11%
Parenting Support	Support Received	10	15%	7	9%
	Referred/Waitlisted	2	3%	5	6%
	Need Identified	6	9%	6	8%
Pregnancy Support (females only)	Support Received	2	6%	3	6%
	Referred/Waitlisted	1	3%	3	0%
	Need Identified	3	8%		
Mental Health non-alcohol and drug support	Support Received	4	6%	12	15%
	Referred/Waitlisted	5	8%	2	3%
	Need Identified	7	11%	12	15%
Alcohol and drug use support services	Support Received	7	11%	6	8%
	Referred/Waitlisted	2	3%	6	8%
	Need Identified	19	29%	26	33%
Safety Alarms and Security Locks	Support Received	2	3%	10	13%
	Need Identified	3	5%	5	6%
Safe-housing (females)	Support Received	2	5%	8	17%
	Need Identified		0%	2	4%
Housing Support	Support Received	3	5%	8	10%
	Referred/Waitlisted	6	9%	1	1%
	Need Identified	12	18%	7	9%
Health support	Support Received	3	5%	8	10%

	Need Identified	3	5%	3	4%
Budgeting Services	Support Received	4	6%	1	1%
	Referred/Waitlisted	1	2%		
	Need Identified	6	9%	4	5%
Relocation assistance	Support Received	3	5%	3	4%
	Need Identified			2	3%
Sexual Abuse Support	Support Received			3	4%
	Need Identified	1	2%	2	3%
ACC Support	Support Received			1	1%
	Referred			1	1%
	Need Identified	1	2%	2	3%
3rd party supervised access to children	In place and utilised	2	3%		
	Referred				
	Need Identified				